



# Innovations In Policy: Doing Things Differently

Volume 1, Issue 1  
March 2026





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Published by EPIC Futures NI  
Belfast, Northern Ireland

<https://doi.org/10.5281/zenodo.19069354>

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# Foreward


## Chief Executives Forum Chair

It is a pleasure to introduce this first collection of case studies on “Innovations in Policy: Doing Things Differently.” The Chief Executives’ Forum, in partnership with EPIC Futures NI at Ulster University, brought this project together to capture and share the remarkable examples of innovation taking place across Northern Ireland’s public service.

Innovation often happens quietly - responding to urgent needs, addressing pressing challenges, problem solving by frontline staff or emerging from the deep relationships practitioners have with the people they serve. While some initiatives attract significant attention or dedicated funding, there is also a wealth of practical, organic innovation happening throughout the system. By documenting these examples, we hope to inspire others, foster collaboration and show what is possible when creativity, leadership and insight come together to make the best use of public resources.

This is the first in a series of collections. While not every submission is featured here, my thanks go to all who contributed, and to the team at Ulster University and EPIC Futures NI for supporting and guiding this work. Your expertise and commitment have been invaluable in bringing this collection to life.

I hope readers find practical insights, encouragement and inspiration in these case studies, helping to nurture a culture of innovation at all levels across our public service. We look forward to maintaining this focus on innovation from across our system and building further learning from this work right across the CEF programme.



Judith Gillespie,  
Chair, Chief Executives’ Forum



Judith Gillespie,  
Chair, Chief Executives’ Forum

# Introduction

## EPIC Futures NI

Public policy in Northern Ireland operates within sustained complexity, fiscal constraint, and heightened public scrutiny. Policy systems are often characterised as slow-moving or resistant to change. Yet across departments, agencies, and partnerships, significant innovation and transformation is taking place, much of it incremental, collaborative, and embedded in everyday practice.

This collection has been developed to identify, document, and share examples of innovation and transformation in policy design, delivery, governance, and cross-departmental collaboration. By curating structured case studies from senior policy professionals and change leaders, we seek to make practice-based learning more visible, accessible, and transferable across policy domains.

Innovation in public policy rarely unfolds in dramatic or linear ways. It emerges through experimentation, adaptive governance, partnership working, and sustained leadership within complex institutional systems. By documenting both progress and learning, this collection contributes to building a culture of place-based reflection and cross-institutional learning.

As part of EPIC Futures NI, Northern Ireland's Local Policy Innovation Partnership, this initiative recognises that strengthening public value requires more than effective individual programmes. It requires institutional capability, openness to learning, and the confidence to collaborate across departmental and organisational boundaries.

This is the first volume in an ongoing series capturing policy innovation across Northern Ireland. Together, these case studies aim to strengthen shared learning, support leadership practice, and contribute to a more confident and adaptive model of public governance.

*“Policy systems do not transform through single reforms. They evolve through experimentation, partnership, and the willingness to learn across institutional boundaries. This collection captures grounded examples of how innovation is being practised across Northern Ireland’s policy landscape. By making this learning visible, we aim to strengthen institutional capability, support place-based collaboration, and contribute to a more confident and adaptive model of public governance.”*



Professor Kristel Miller

Professor Kristel Miller  
Director, EPIC Futures NI  
Professor of Entrepreneurship,  
Ulster University.

## About EPIC Futures NI & the Partnership

EPIC Futures NI is a Local Policy Innovation Partnership led by Ulster University and designed to address complex, place-based challenges in employability, inclusion, and economic participation. The programme works across government departments, community organisations, academic researchers, and business to strengthen institutional capability, foster cross-sector collaboration, and support long-term systems innovation.

The Innovations in Policy collection forms part of EPIC Futures NI's wider work to strengthen place-based systems innovation, support evidence-informed leadership, and foster cross-departmental learning across Northern Ireland.

This project is delivered in partnership with the Chief Executives Forum, whose leadership networks and cross-sector engagement have played a central role in identifying and sharing examples of policy innovation across the public sector.

The work is funded by the Economic and Social Research Council, the Arts and Humanities Research Council, Innovate UK and UK Research and Innovation.



For further information, visit [epicfuturesni.org](http://epicfuturesni.org).

## Understanding Innovation & the Case Study Approach

In this collection, innovation in policy refers to the introduction or adaptation of new approaches to policy design, delivery, governance, or collaboration in response to complex public challenges. Innovation does not necessarily imply large-scale reform or legislative change. It is often incremental, relational, and shaped by institutional realities and resource constraints.

Policy context is understood broadly. It includes initiatives within Northern Ireland government departments, arm's-length bodies, local authorities, and cross-sector partnerships, including collaboration with community and voluntary organisations.

A case study approach was chosen to capture this complexity. Innovation rarely unfolds in linear or uniform ways. Case studies allow policy leaders and change agents to reflect on how initiatives were developed, what challenges were encountered, what outcomes were achieved, and what was learned in practice.

Case studies were submitted by senior policy professionals and reviewed by the editorial team to ensure clarity, relevance, and alignment with the collection's focus. Inclusion was based on the extent to which submissions demonstrated evidence of new or adapted approaches, collaboration across institutional boundaries, and credible outcomes or impact. This included quantitative results, qualitative evidence, evaluative findings, or early-stage indications of positive change offering transferable insight for wider policy practice.

## How to Cite this Collection

### Citing the full collection:

Miller, K., Dickson, A. and Cavanagh, M. (eds.) (2026) Innovations in Policy: Doing Things Differently. Volume 1: Northern Ireland. Belfast: EPIC Futures NI. <https://doi.org/10.5281/zenodo.19069354>

### Citing an individual case study:

Individual case studies should be cited using the named case author(s) and case title, followed by reference to the edited collection.

### Example:

Smith, J. (2026) 'Transforming Cross-Departmental Collaboration in Skills Policy'. In: Miller, K., Dickson, A. and Cavanagh, M. (eds.) Innovations in Policy: Doing Things Differently. Volume 1: Northern Ireland. Belfast: EPIC Futures NI, pp. 45-52. <https://doi.org/10.5281/zenodo.19069354>

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# Connect North Community Appointment Days: A Partnership Model Supporting People with Dementia

## Overview

Connect North Community Appointment Days (CADs) are a coordinated, partnership-based response designed to improve early support for people newly diagnosed with dementia and their carers. Developed within the Northern Health and Social Care Trust's integrated social prescribing model, Connect North: Your Pathway to Wellbeing, CADs bring together statutory, community and voluntary organisations to provide timely, personalised support within a single, community-based appointment following diagnosis.

The approach responds to rising referral numbers and the increasing complexity of post-diagnosis pathways, where people with dementia and their carers may experience delays, missed connections and difficulty navigating services at a particularly vulnerable time. By offering a structured, needs-led appointment that combines holistic assessment, immediate introductions to relevant services and coordinated follow-up, CADs aim to reduce waiting times, strengthen access to support and improve overall experience without requiring additional staffing.

Early outcomes demonstrate improved uptake of support, increased meaningful connections, positive client and carer experiences and measurable efficiency gains. The model provides a practical example of how integrated social prescribing, data-informed planning and cross-sector collaboration can deliver

timely, person-centred support following diagnosis while strengthening partnership working and making more effective use of existing resources.

## Problem or Challenge Addressed

Referrals to Connect North for people newly diagnosed with dementia have increased steadily since the pathway opened in December 2022 and now account for approximately 50 percent of all referrals. This reflects national trends and demand is expected to continue rising.

Process mapping, lived-experience insight and data analysis highlighted that people with dementia, and their carers are particularly vulnerable to delays, missed connections and difficulty navigating complex systems. Memory impairment, mood, masking, carer stress and complex referral processes can make it difficult to access support at a time when timely intervention is critical.

Under the usual model of care, Connect North Link Workers provide intensive, holistic support including reminders and reviews. However, increasing demand without additional staffing created a clear risk of longer waiting times for a vulnerable group who frequently report feeling "left with no help or support" following diagnosis.

## Policy Area and Strategic Context

The Connect North Community Appointment Day model aligns with key priorities in post-diagnosis dementia support, prevention, early intervention and integrated, community-based care. It demonstrates how social prescribing can be delivered more effectively at a critical point following diagnosis through coordinated partnership working across statutory, community and voluntary sectors.

This approach builds on the foundations of Connect North's integrated social prescribing service, which is unique in Northern Ireland in its joint delivery across statutory and community sectors and its strong use of data to identify need and target support.

The model is particularly relevant within the Northern Ireland policy context. Dementia prevalence is rising sharply, with projections indicating a 51percent increase in cases by 2040, placing significant pressure on diagnostic and post-diagnostic pathways. The Department of Health has recognised ongoing challenges with delays in dementia diagnosis and has established a Regional Dementia Project Board to improve efficiency, consistency and access across all Trusts. Early, coordinated contact following diagnosis supports more sustainable waiting-list management by reducing delays, preventing missed connections and ensuring people receive the right support at the right time.

Providing timely, practical and needs-led support at this stage is critical. People with dementia and their carers can feel particularly vulnerable and unsupported immediately following diagnosis. Coordinated early intervention helps to avoid gaps in care while they wait for follow-up services.

The initiative also reflects the aims of the Northern Ireland Regional Dementia Care Pathway, which highlights the importance

of earlier intervention, smoother transitions and stronger partnership-based community support. These principles are put into practice by coordinating multiple services around the individual within a single accessible, community-based appointment.

At a UK level, the NHS Long Term Plan emphasises social prescribing as a core component of Universal Personalised Care, shifting the focus from a one-size-fits-all model towards approaches that address the social, emotional and practical factors affecting health. This model enables people to access the right support at the right time in a way that feels personal, timely and well-coordinated.

## Community Appointment Days:

- Bring services together around individuals in familiar local settings.
- Strengthen neighbourhood-level partnerships.
- Enable earlier access to trusted, non-clinical supports that help people live well for longer.

Within the Northern Health and Social Care Trust, the model supports priorities around prevention, person-centred care, integrated working and effective use of existing resources. Earlier connection to meaningful community support helps ease system pressures while improving outcomes and overall experience for people with dementia and their carers.

## Lead Organisation and Key Partners

### Lead Organisation:

Northern Health and Social Care Trust (NHSCT) is the lead statutory organisation responsible for strategic leadership and delivery of Connect North.

### Community Appointment Day (CAD)

#### Key partners and roles

- **NHSCT:** Overall coordination, governance, safeguarding, quality assurance and communications. Link Worker-validated holistic needs assessment, personalised care planning and supported connections. Data management and analysis Partnership coordination.
- **Age NI:** Advice, advocacy, practical and financial supports and social connection.
- **Alzheimer's Society:** Dementia-specific information, groups and emotional support.
- **Dementia NI:** Peer support and dementia-specific information.
- **Libraries NI:** Community space, activities and social connection.
- **NHSCT Carers Hub:** Carers advice and support pathways.
- **Northern Ireland Fire and Rescue Service:** Home, fire and community safety.
- **Local councils (Antrim and Newtownabbey; Mid and East Antrim):** Practical support including home safety, energy efficiency advice and local opportunities for residents.

This collaboration builds on existing working relationships between NHSCT, Age NI and the wider partner organisations but the CAD model represents the first time these organisations have co-delivered a fully integrated, single-appointment intervention for people with dementia. Working in this coordinated way enabled partners to 'meet clients where they are', reduce duplication, streamline referrals and develop a shared understanding of needs, roles and pathways.

This structured approach strengthened communication, improved the relevance of referrals and increased provider confidence, enhancing collective impact across the pathway.

### Description of Innovation

Connect North CADs are coordinated, multi-agency events where people newly diagnosed with dementia and their carers are invited to attend a personalised, needs-led, single supportive appointment in a community venue.

#### During each session:

Connect North Link Workers complete a personalised holistic needs assessment, co-producing a care and support plan with each client.

Clients and carers are introduced directly to relevant organisations and services on site, with immediate connections made within a dedicated Information Hub.

Referrals and connections are made immediately.

Actions and conversations are recorded in a simple, easy-read, hand-held client record, called a passport, to support recall and follow-through.

Partners are selected using Connect North service data from the Elemental Social Prescribing Platform (ESPP), ensuring that the services invited and present reflect actual, evidenced client need rather than assumptions or generic provision.

#### What is novel

Personalised one-to-one support for each client and carer following diagnosis.

A single point of access to multiple supports within one appointment.

Direct access to the nominated Link Worker.

Immediate and meaningful referrals and connections made on the day. A bespoke hand-held client passport to support recall and follow-through.

Health-literate communications for clients, carers and partners.

Data-led, bespoke partner selection rather than a generic 'health fair' approach.

Relaxed, non-clinical community venues prioritising dignity, comfort and accessibility.

### Aim and Intended Outcomes

- Provide and maintain timely, person-centred access to tailored support for people with dementia and their carers following diagnosis.
- Increase uptake of support and increase the number of meaningful connections per client and carer compared with usual care.
- Improve experience for clients, carers, partners and staff by reducing delays and streamlining processes.
- Protect service quality and responsiveness without additional staffing or increased waiting times.
- Strengthen partnership working to maximise collective resources.
- Generate practical learning to refine and improve service delivery and share learning with others.

### Design and Development Process

The CAD model developed from lived-experience insight, process mapping and detailed analysis of referral and outcome data. Rising referrals for people newly

diagnosed with dementia highlighted the need for a more efficient and coordinated approach to managing demand while maintaining high-quality, person-centred support.

Service data from the Elemental Social Prescribing Platform (ESPP) was used to identify the services most frequently required by people with dementia and their carers. These partners were invited to co-deliver the initiative and responded positively, recognising shared system pressures and the mutual benefits of a more coordinated, data-informed model.

An initial pilot Community Appointment Day was delivered in early 2025. The model was refined through structured feedback from clients, carers, staff and partners, alongside analysis of timing, attendance, observed delivery processes and outcomes. Health literacy was embedded throughout the design, shaping communications, venue layout and the overall user experience to support engagement and uptake of services.

Following the pilot, partners reported that the quality and efficiency of the model enabled them to support more clients within existing resources. Based on this learning, personalised invitations were extended to suitable review clients and their carers so they could also benefit from immediate, meaningful connections within the Information Hub. This approach ensured the model remained responsive, practical and grounded in real client need.

Governance and decision-making for CADs were embedded within NHSCT's Connect North management structure. Planning, data monitoring and evaluation were coordinated under established governance processes to ensure safety, consistency and alignment with Trust standards. Delivery was funded through existing Connect North resources with decisions on scheduling, venue use and data collection made in line with Connect North delivery arrangements

to uphold quality and safe practice. Operational development was supported through regular Connect North coordination meetings where data, feedback and insights were reviewed to refine the model. Partners contributed their experience through structured feedback mechanisms, helping shape improvements while remaining aligned with governance requirements.

### Implementation Approach

Connect North Community Appointment Days are delivered as coordinated, multi-agency events within accessible community venues. People newly diagnosed with dementia and their carers are invited to attend a personalised, needs-led appointment designed to provide early, structured and supportive intervention.

Partner selection is informed by Connect North service data from the Elemental Social Prescribing Platform (ESPP), ensuring that organisations invited to participate reflect actual, evidenced client need rather than generic provision. This targeted approach strengthens relevance, improves uptake and maximises the value of partner engagement.

Venues are carefully selected to be neutral, community-based, discreet and accessible, helping to create a calm and welcoming environment that prioritises dignity and reduces anxiety for clients and carers.

On the day, Link Workers lead personalised holistic assessments and co-produce care and support plans with each client. Supported connections are facilitated directly to beneficial services within a dedicated Information Hub, enabling immediate introductions and meaningful referrals. This structured model ensures that conversations translate into practical action.

All communications, actions, review plans, signposts and social prescriptions are recorded within ESPP and reflected in

the client's hand-held passport. This dual-recording approach supports continuity, recall and follow-through for both clients and professionals.

Ongoing planning and improvement are embedded within delivery. Continuous analysis of attendance, uptake and session data has informed refinements to the 2026 delivery model, including the removal of quieter sessions to protect efficiency and effectiveness for all partners while maintaining service quality.

### Outcomes

#### Access and uptake

The CAD model delivered measurable improvements across access, uptake, experience, efficiency and system performance, demonstrating clear added value compared with usual care.

20% increase in uptake of post-diagnostic dementia support versus usual care (71% versus 51%).

Support for carers is now embedded as a core feature within the CAD model, enabling more carers to access help earlier.

Streamlined client and carer journeys reduce delays and gaps.

#### Connections achieved

- CADs delivered an average of 15 connections per client per appointment, with 9 direct connections on the day (usual care = 1 direct connection with delays).
- Information Hub reviews delivered 20 connections per client compared with around 7 across multiple appointments under usual care.
- The most frequently accessed support services include carer support, dementia-specific information and advice and advocacy.
- CADs also helped carers recognise their own needs, supporting earlier engagement and access to support.

### Experience

- 100% of attending clients and carers reported feeling comfortable, listened to, involved and better informed.
- Partners described the model as calm, effective, targeted and person-centred.
- 100% of partners rated organisation, communication, venue and facilities as excellent.
- 100% of partner organisations attending stated the CAD is an effective use of their time and generates appropriate referrals efficiently.
- Client and carer feedback included: "I'm so impressed with the tenderness of it all, it's been wonderful", "This has completely changed our whole outlook, we are now so much more positive about the future with dementia", "We had no idea so much help and support was available."

### Efficiency and cost

- Data analysis identified CADs generated a £20.18 cost saving per client compared with a standard Link Worker appointment.
- The single-appointment model supports immediate, connected support without compromising personalised assessment or quality of care.
- Partners consistently reported that referrals were meaningful and appropriate, describing the CAD model as an "excellent source of appropriate referrals" and "a time-efficient way of meeting clients."

### Evidence of Impact

#### Quantitative

- Meaningful connections more than doubled (17 vs 7).
- Top direct connections were for carer support, condition-specific information and advice/advocacy. CADs delivered nine times more on-the-day social prescriptions.
- Top signposts were for connecting with others, carer support and dementia-specific information.
- Engagement time averaged 90 minutes, compared with a variable 5–90 minutes under usual care.
- Did Not Attend rate reduced from 49% to 21%.
- Partners consistently reported improved timeliness and effectiveness of referrals.

#### Qualitative

Clients and carers described the CAD as "tender, supportive, well organised", "warm, welcoming and so friendly", "I didn't know so much support was available, this is excellent and essential for us", "You feel you are on your own – now we have support." and "this has completely changed our whole outlook on the future. We can now see a positive future"

Partners commended the "calm and friendly atmosphere" and "targeted approach," and described referrals as timelier and more effective.

Link Workers reported improved time management and earlier uptake of recommended supports. CADs also created meaningful opportunities for networking, communication and knowledge sharing with partner organisations, strengthening understanding of services and support pathways.

## Learning and Insights

Delivery and analysis demonstrate clear strategic alignment with the principles of the Programme for Government and the Neighbourhood Model of Health, particularly around prevention, early intervention, partnership working and community-based support.

Other operational learning included:

- **Understanding the client journey is essential to effective planning and delivery.**
- **Immediate, supported connections reduce delay, increase uptake and improve overall experience.**
- **Targeted, well-planned events produce more meaningful outcomes.**
- **Client passports support recall and follow-through.**
- **Consistent monitoring of attendance informs effective timetabling.**
- **Refinement based on data strengthens both experience and efficiency.**
- **The CAD model generated wider system-level learning by strengthening cross-sector coordination, improving referral quality and reducing fragmentation across the post-diagnostic dementia pathway. It also supported more consistent and efficient use of existing resources.**

## Barriers

Accessibility and communication challenges are common for people with dementia and their carers, particularly where memory, health literacy, carers stress and complexity of multiple appointments affect engagement. Navigating different services, formats and personnel can lead to confusion, increased anxiety and higher rates of cancellation or Did Not Attends.

Administrative and coordination demands were significant including managing bookings,

communications and diary planning to maintain safe and steady flow on the day. Staffing operated at full capacity during each event and required careful organisation to protect time for high-quality, person-centred interactions.

Upstream pathway changes also affected referral suitability and highlighted gaps in information that the CAD model needed to respond to.

To mitigate these challenges, the team used proactive follow-up, flexible re-booking and clear, health-literate communication. Easy-read materials, calm and accessible venues and longer appointment times supported engagement. Real-time coordination and clear role allocation helped maintain smooth session flow, while the Information Hub model ensured referrals were relevant and aligned to need.

## Enablers

Lived-experience insight strongly informed design, planning and delivery. Skilled and motivated staff, combined with a detailed understanding of dementia and local community supports, ensured a consistently person-centred approach.

Comprehensive planning, the use of accessible, non-clinical venues and a fully integrated NHSCT/Age NI delivery model strengthened consistency and contributed to the calm, supportive environment clients valued.

Effective use of service data guided partner selection, ensured relevance and supported continuous improvement.

Having trusted organisations in one setting reduced the emotional and practical burden on clients and carers, while deepening partners' shared understanding of local need. Delivering CADs together highlighted gaps, duplication and opportunities for better system alignment, strengthening cross-sector collaboration across the wider post-diagnostic pathway.

## Transferability and Scalability

The Connect North CAD model is transferable to other pathways where early, coordinated and community-based support can improve client and service outcomes, such as frailty, falls prevention and physiotherapy. The model aligns closely with the Neighbourhood Model of Health, bringing services together around individuals in local communities and strengthening partnerships.

Core requirements for transferability include:

- **Access to localised and service-specific data.**
- **Understanding of client and carer needs informed by lived experience.**
- **Strong knowledge of local community-based supports relevant to the defined client group.**
- **Health-literate planning and communications.**
- **Detailed and considered planning to create a consistent and relaxed event flow.**
- **Strong cross-sector relationships.**

## Future Development

- **Deliver three CADs for clients with dementia and their carers in 2026, avoiding periods associated with higher cancellations and DNAs based on learning from 2025 delivery.**
- **Continue sharing relevant data and outcomes with partners and wider stakeholders to inform service planning.**
- **Regularly review booking processes, waiting- list management and record-keeping to ensure alignment with service standards.**
- **Continue analysing data and seeking feedback from clients, carers, staff and partners to inform ongoing improvement.**
- **Maintain focus on early intervention, timely connection and effective communication to sustain community support.**
- **Share learning and materials to support wider adoption across services and Trusts.**

## Further Information

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# Public Protection Arrangements for Northern Ireland (PPANI) Thresholding Panel

## Overview

The Criminal Justice Order (NI) 2008 created the Public Protection Arrangements for Northern Ireland (PPANI). The arrangements bring together a number of agencies and departments including the Probation, Police, Prison Service, Health and Social Care Trusts, Northern Ireland Housing Executive and a number of other agencies to work together to provide effective assessment and management of risks posed by certain sexual and violent offenders.

The Public Protection Arrangements for Northern Ireland (PPANI) Thresholding Panel emerged from a very real and growing challenge, one that frontline teams, service users and policymakers had begun to feel long before the solution took shape.

Between 2021 and 2025, Northern Ireland experienced a substantial increase in serious sexual offending, online exploitation, domestic abuse, adolescent harmful sexual behaviour, sexual offending linked to mental ill health and vulnerability, and individuals being convicted of non-recent sexual offences. These increasing numbers of sexual and violent offenders, combined with static agency resourcing, placed unprecedented pressure on the PPANI Local Area Public Protection Panels (LAPPPs), which are required to assess and categorise risk and agree risk management plans within a 16-week timeframe.

Delays in convening LAPPPs created

a growing cohort of offenders in the community without a categorisation of risk or a multi-agency risk management plan in place, thereby increasing risk to victims and potential victims. Pressure on LAPPPs also meant delays in cases referred under “significant concern” being discussed within the required four-week period. This deficit was highlighted in a number of Domestic Homicide Reviews and Serious Case Reviews.

A review of statistical information revealed that 73% of offenders in the community were ultimately categorised as Category 1 (lowest category of risk) at their first LAPPP. This highlighted a structural inefficiency: lower risk cases were clogging a system designed to assess and manage high-risk offenders.

## Policy Area and Strategic Context

This innovation directly supports the priorities set out in the Programme for Government, particularly the commitment to Ending Violence Against Women and Girls, which calls for a whole-of-government and whole-of-society approach to tackling the root causes of violence. The Programme for Government emphasises the need to stop violence before it starts, ensure victims and survivors have access to effective support and hold perpetrators to account. By equipping individuals, organisations and communities with the skills and confidence to intervene safely, the programme contributes to prevention, early intervention and cultural

change, helping to challenge attitudes and behaviours that can normalise or enable violence. In doing so, it complements wider efforts to support victims and strengthen accountability for perpetrators.

The programme also aligns with the Programme for Government – Safer Communities commitment to addressing harm in its many forms, including domestic abuse, gender-based violence, child exploitation and hate crime. The Safer Communities priority emphasises cross-government action to reduce offending and reoffending and to tackle the wider societal factors that contribute to harmful behaviour. By building awareness, encouraging safe intervention and promoting shared responsibility within communities, this initiative supports early intervention and prevention approaches that can reduce escalation and help prevent individuals from entering the justice system. Its cross-sector delivery model also reflects the Programme for Government’s emphasis on joined-up working and more coordinated use of public resources.

In addition, the programme supports the ambitions of the Domestic and Sexual Abuse Strategy 2024–2031, led jointly by the Department of Health and Department of Justice. The Strategy sets out a seven-year, five-pillar approach centred on partnership, prevention, children and young people, support and justice. The bystander intervention model contributes particularly to the prevention and partnership pillars by strengthening community awareness, encouraging earlier identification of harmful behaviour and supporting a culture that challenges abuse and promotes respectful relationships. This complements statutory responses aimed at supporting victims, addressing perpetrator behaviour and responding to emerging forms of abuse. The initiative also complements the Minister of Justice’s Article 50 Guidance under the

Criminal Justice (Northern Ireland) Order 2008, which underpins the Public Protection Arrangements for Northern Ireland (PPANI). While Article 50 focuses on the assessment and management of known high-risk sexual and violent offenders through coordinated information sharing and risk management, this programme operates further upstream in the prevention pathway. By improving awareness of harmful behaviours and strengthening confidence to report concerns and intervene safely, it contributes to safer environments and supports the broader system of public protection.

## Lead Organisation & Key Partners

Department of Justice – responsible for legislative, policy and resourcing frameworks across policing, criminal law, prisons, probation and courts.

Probation Board for Northern Ireland (PBNI) – responsible for assessment, supervision and rehabilitation of offenders.

Police Service of Northern Ireland (PSNI) – responsible for law enforcement and crime prevention.

Health and Social Care Trusts – responsible for hospitals and community health and social care.

## Problem or Challenge Addressed

Between 2021 and 2025, Northern Ireland experienced a significant rise in serious sexual offending, online exploitation, domestic abuse, adolescent harmful sexual behaviour, sexual offending linked to mental ill health and vulnerability, and convictions for non-recent sexual offences. The increasing number of sexual and violent offenders, combined with static agency

resourcing, placed unprecedented pressure on the Public Protection Arrangements for Northern Ireland (PPANI), particularly the Local Area Public Protection Panels (LAPPPs). LAPPPs are responsible for assessing and categorising risk and agreeing multi-agency risk management plans within a 16-week timeframe.

As demand increased, delays emerged in convening LAPPPs in a timely manner. This created a growing cohort of offenders living in the community without formal risk categorisation or an agreed multi-agency risk management plan in place, thereby increasing potential risk to victims and communities.

The pressure on LAPPPs also led to delays in convening panels within the required four-week period following a referral under 'significant concern'. This issue has been highlighted in several Domestic Homicide Reviews and Serious Case Reviews, underscoring the need for systemic reform and improved timeliness in public protection arrangements.

### Description of the Innovation

As noted above, core agencies within the Public Protection Arrangements for Northern Ireland were facing increasing demands. However, given the significant risk that is posed to the community of Northern Ireland by individuals subject to the arrangements, the Strategic Management Board (SMB) of PPANI determined that any changes would require the support of an evidence base. A senior police officer in the public protection branch, assisted by colleagues from PBNI, NIPS and HSCTs collated information from the core agencies to articulate the growing and complex demands being placed on practitioners in an attempt to relieve some of the operational pressures.

The review:

- **Identified best practice in other jurisdictions - Benchmarking against England and Wales showed that early screening of lower risk cases reduces unnecessary full panel discussion. The review identified that 73% of cases could potentially be removed from the LAPPP backlog through earlier thresholding.**
- **Examined current operating models deployed by each agency to see how to most efficiently, safely and effectively manage the current and future demands.**
- **Established the current pressure points for each of the agencies.**
- **Examined offender recidivism levels to determine if amendments to processes were required.**

A total of 50 recommendations were made by the PPANI Demand Review. The PPANI Demand Review found that the 'Operational delivery of the Local Area Public Protection Panels are not efficiently addressing current or increasing demands both within the community and within prisons'. The Demand Review made the following recommendation.

'Initial categorisation of offenders should occur earlier in the risk management process. This could be facilitated through a multi-agency thresholding panel which will determine if there is a requirement for multi-agency input into the risk management plan or if single agency management is sufficient'

A Task and Finish Group was established to take forward this and all the recommendations emanating from the Demand Review.

The Thresholding Panels meet online on the second Monday of every month. An agenda of cases to be discussed is circulated to panel members 10 working days in advance of the meeting. The police sergeants in the

Offender Investigation Units identify the cases, though there is also the opportunity for Probation Officers to refer cases they believe meet the criteria.

All the PPANI agencies are represented at the panel. The panel is Chaired by the PPANI Co-Ordinator. In advance of the meeting all agencies review their records and collate relevant information. This information is shared at the panel and informs decision making.

The panel members determine if the case can be categorised as a Category 1 offender and therefore managed by a single agency or if a LAPPP should be convened.

### Aims and Intended Outcomes

The initiative aims to strengthen the effectiveness and timeliness of Public Protection Arrangements for Northern Ireland (PPANI) and reduce unmanaged risk within the community.

The key objectives are to:

Reduce the number of individuals convicted of serious sexual offences, high-harm domestic abuse and violent offences who are managed in the community without a formal risk categorisation and agreed multi-agency risk management plan in place to monitor, manage and mitigate risk.

Ensure that Local Area Public Protection Panels (LAPPPs) are convened every 16 weeks for all Category 2 and Category 3 offenders, and that all referrals under 'significant concern' are discussed within four weeks of referral.

Apply a proportionate risk management approach whereby the highest-risk offenders are subject to the greatest level of multi-agency scrutiny, while lower-risk offenders are managed appropriately and efficiently. Achieve full statutory compliance with the Minister of Justice's Article 50

requirements under the Criminal Justice (Northern Ireland) Order 2008.

### Design and Development Process

The design phase included a series of workshops and focus groups with key practitioners and governance stakeholders, including:

- **Probation Officers based in Intensive Supervision Units and prisons**
- **Police Officers within the Public Protection Branch**
- **Social Workers**
- **Department of Justice PPANI governance officials**

These sessions explored operational pressures, risk assessment processes and opportunities to improve timeliness and proportionality within the existing arrangements.

PBNI and PSNI also undertook benchmarking against best practice models in England and Wales. The review identified that many areas operate early screening mechanisms, with lower-risk cases rarely requiring discussion at a full multi-agency panel. Early screening allows agencies to prioritise resources toward higher-risk individuals.

The benchmarking exercise demonstrated that, if lower-risk cases were screened earlier within Northern Ireland, up to 73 percent of cases could potentially be removed from the backlog or waiting list for discussion at Local Area Public Protection Panels (LAPPPs).

In response, PPANI partner agencies designed and implemented multi-agency thresholding panels. These panels convene every four weeks and receive referrals from both police and probation officers. All PPANI partner agencies are represented, enabling structured information sharing and collective decision making.

### The Panels Operate Using:

- A standardised agenda and documentation
- Agreed risk thresholds
- Clear decision-making criteria

This approach enables earlier categorisation of cases based on risk and supports the timely identification of Category 1 offenders who can be managed appropriately by a single agency, thereby preserving full LAPPP capacity for higher-risk cases.

### Implementation Approach

Implementation began with a familiarisation event to brief practitioners on the revised process and clarify the roles and responsibilities of each agency within the new model.

The approach was then piloted to test operational feasibility and refine processes before full implementation.

Key elements of the implementation included:

- Each agency receiving advance lists of offenders to review prior to panel meetings.
- Structured multi-agency discussions at the panel, with information shared to inform risk categorisation decisions.
- A formal record of discussions and defensible decision-making to ensure transparency and accountability.
- Oversight by the PPANI Co-ordinator to promote consistency, adherence to agreed thresholds and quality assurance across panels.

This phased and structured implementation supported practitioner understanding, procedural consistency and early identification of any operational challenges.

### Outcomes

Early outcomes demonstrate improvements in timeliness, proportionality and capacity within PPANI arrangements.

Reduction in 'No Category Set' (NCS) cases

January 2025:

11% of 1,979 offenders within the arrangements had no category set.

September 2025:

9.4% of 2,117 offenders had no category set.

This reflects a reduction in the proportion of offenders being managed in the community without formal risk categorisation.

Improved early risk categorisation

Between January and September 2025, 66 cases were considered at the Thresholding Panel.

56 cases (85%) were categorised as Category 1, meaning they required only single-agency management.

This allowed multi-agency panel capacity to be focused on higher-risk individuals.

Improved timeliness of panel processes

The timeframe for convening Local Area Public Protection Panels (LAPPPs) was reduced by approximately six weeks.

These outcomes indicate improved efficiency, earlier risk categorisation and more proportionate use of multi-agency resources.

### Evidence of Impact

The establishment of Thresholding Panels was one of a number of recommendations emanating from the PPANI Demand Review. All the recommendations aim to reduce the demand without compromising effective risk management. Not all the recommendations have been implemented. The Task and Finish Group continues to meet on a monthly basis.

The Thresholding Panel allows early categorisation of cases based on risk and enables early identification of Category 1 offenders who can be managed by a single agency, thereby releasing capacity within LAPPPs. This enables higher risk cases to be discussed at LAPPP on a timelier basis reducing the number of offenders in the community without a multi-agency risk management plan in place. It also reduces the delay in cases being heard which have been referred into the arrangements under 'significant concerns'.

In short it enables Designated Risk Managers (probation and police officers) to focus on higher-risk offenders.

Focusing on high risk cases enables more effective risk management by allowing organisations to prioritise limited resources on cases that present the greatest potential risks. It moves away from a 'one size fits all' approach, enabling proactive mitigation of risks rather than reacting to incidents as they occur.

The Chair of PPANI Strategic Management Board, stated:

*"From my perspective as Chair of the PPANI Strategic Management Board, the introduction of thresholding panels, to systematically channel cases involving the management of offenders guilty of serious sexual or violent offences, has been the single most important innovation in public protection arrangements*

*for years. Ensuring that effective partnership working between the right staff in the right agencies happens as soon as possible is the very essence of public protection".*

### Learning and Insights

- Early screening improves the efficiency of the Public Protection Arrangements, ensuring the focus is on high-risk cases.
- Multi-agency collaboration is essential in the assessment and management of high-risk cases in the community.
- Structured thresholding reduces backlog thereby releasing capacity within LAPPPs.
- Partnership working strengthens defensible decision-making, risk assessment and risk management.

### Barriers

- Clearing backlog required short-term intensive effort by an already under resourced workforce i.e. 'Short term pain for long term gain'.
- Agencies had to change established processes – this required overcoming resistance of practitioners through ensuring there was good communication and leadership in each of the organisations

### Enablers

- Strong inter-agency collaboration; strong leadership from the Strategic Management Board and within each of the organisations.
- Shared recognition of risk by all the agencies in PPANI.
- Clear governance oversight from Strategic Management Board.
- Commitment to compliance and public protection – each agency has committed \ and enthusiastic practitioners determined to make the arrangements work.

## Future Development

Thresholding Panels are to be rolled out into the prison environment. Prison LAPPPs face similar agenda pressures. In 2020-21 63% of cases heard at a prison LAPPP were identified as Category 1 and this reduced to 53% in 2022-23. By thresholding the Category 1 cases at an earlier point in the process there is an opportunity for a reduction of at least 51% in the no category set cases.

## Further Information

For further information, please contact:

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# Digital Transformation: Electoral Office for Northern Ireland: “Am I Registered?” Online Service



Weblink: <https://www.eoni.org.uk/am-i-registered>

## Overview

**In May 2023, as voters across Northern Ireland prepared to cast their ballots in the Local Council elections, a quieter but significant operational issue surfaced. It was not about turnout or polling stations. It concerned the Digital Registration Number.**

For many electors applying for a postal or proxy vote, the process stalled at a single requirement. They needed to provide their Digital Registration Number, a unique identifier issued when registering to vote online. Many electors no longer had access to the original correspondence containing that number.

Frontline teams at the Electoral Office for Northern Ireland quickly experienced a surge in demand. Phone lines filled, email enquiries increased and staff time was diverted to retrieving registration details for electors. The issue gained public attention and highlighted the risk that administrative barriers could affect participation.

*“In the 2023 Local Elections the Electoral Office received a large number of calls and emails from voters who wanted to complete a postal or proxy vote application but could not find their Digital Registration Number issued to them some years earlier. This created frustration for voters and extra pressure on staff delivering the election.”*

Dr David Marshall Chief Electoral Officer

Ahead of the 2024 General Election, mitigations were introduced including simplified forms, improved guidance and faster processing. However, a digital solution was also required. This led to the development of a new secure online service: “Am I Registered?”  
<https://www.eoni.org.uk/Am-I-Registered>,

## Lead Department and Key Partners

### Lead organisation

Electoral Office for Northern Ireland (EONI)  
<https://www.eoni.org.uk>

### Key individuals

Daryll Madine, Head of Data Services (Data Architect), Electoral Office for Northern Ireland. David Marshall, Chief Electoral Officer

### Security and technical partners

CyberSecurityNI  
<https://www.cybersecurityni.com>

### Officials at the National Cyber

Security Centre  
<https://www.ncsc.gov.uk>

To assist the development of this service the Electoral Office engaged support from the local supplier of cybersecurity services (CyberSecurityNI). In addition as this was the first time such a service was implemented in the United Kingdom guidance and advice from the National Cyber Security Centre was sought.

The service was developed using a blend of in-house technologies included Microsoft automation tools and the UK Government Notify service. All these services had been used by the Electoral Office previously for other parts of the electoral administration process.

### Policy Area and Strategic Context

Northern Ireland operates within a distinct electoral context. There are Northern Ireland specific electoral laws which have been partly framed by historical concerns about electoral fraud. Several decades ago, additional safeguards were introduced, including strong identity verification and detailed specific absent vote requirements.

Since then online voter registration was introduced in Great Britain in 2014 and Northern Ireland in 2018. Today online registration is the dominant method of electoral registration, with 99 percent of changes to the elector register coming from an online application to register to vote.

As part of the introduction of online registration, the Government introduced for Northern Ireland only specific rules that gives electors after they register to vote online a Digital Registration Number. This number must then be provided when the elector subsequently applies for a postal or proxy vote. This acts as a safeguard against the loss of a wet signature from a paper application form. While this strengthened security, it also created challenges when electors could not locate their Digital Registration Number. This is the issue that arose in the 2023 Local Elections.

In this context in late 2023 after problems at the local elections, the Electoral Office noted that while legislative amendment may be considered by the Government, an operational solution was required before the 2024 general election.

### Problem or Challenge Addressed

The 2023 Local Council elections highlighted difficulties for electors obtaining their Digital Registration Number in sufficient time to apply for an absent vote. This challenge resulted in:

- Increased phone and email enquiries and pressure on staff
- Frustration for electors and risk of incomplete applications

This all happened over a short time frame and led to negative media reporting. After the 2023 local elections the Electoral Office undertook a review of the issues and the options available to address the challenge. However, it was clear a digital service was needed and this led to the new service described below.

### Description of the Innovation

Introduced in early 2024, the Electoral Office Am I Registered service is a secure automated online system allowing electors to:

- Confirm whether they are registered to vote and, if so, obtain their Digital Registration Number
  - Do get this information quickly without contacting the Electoral Office by email/phone
- The service was designed to allow users to provide personal details in an online form including:
- Full name
  - Full address including postcode
  - Full date of birth
  - Part of their National Insurance number
  - Full mobile phone number (which during the election was validated using a PIN code)
  - Email address

The system built by the Electoral Office obtains this information securely and then checks the information provided against the electoral register. The response is made via a text message to the mobile phone of the applicant. The response provides their electoral registration status and where appropriate their Digital Registration Number.

A number of data/IT security features were built into the system to prevent misuse and ensure data protection. The service is automated, reducing manual handling and improving efficiency.

### Aims and Intended Outcomes

The service is designed to:

- Allow electors to check their electoral registration status and if successful provide Digital Registration Numbers quickly and securely;
- Support participation in elections and strengthen confidence in electoral processes; and
- Reduce administrative burden on staff

### Design and Development Process

The system was developed locally within the Electoral Office and is unique across the UK. To implement the change work involved:

- Learning from systems in Canada, New Zealand, Australia and Ireland
- Developing the secure software system in-house with our own staff and using off-the-shelf tools
- Undertaking independent IT health checks and security reviews with CyberSecurityNI;
- Briefing National Cyber Security Centre / political parties and others on the new service.

The system was developed and implemented in less than six months by a small team.

From a technical perspective – the objective was to build with agility and develop a solution that was both highly secure and simple to manage. This service was seen as the first step in further small scale digital improvements delivered locally in the delivery of electoral services.

Daryll Madine, Head of Data Services (Data Architect), Electoral Office for NI

### Implementation Approach

The service was launched in March 2024 ahead of the 2024 General Election. Implementation included:

- System development and testing
- A full security assurance review and cybersecurity testing
- Website integration and communications with electors
- Monitoring of usage and ensuring service was operating effectively.

Support from CyberSecurityNI and the National Cyber Security Centre was essential.

### Digital Resources

Key digital resources included:

- Secure in-house software platform and secure integration with electoral register
- Cybersecurity testing and automated identity verification
- Website updates and guidance and building new resources for staff training

After the 2024 General Election and given the success of the new service the project prompted the upgrade of the Electoral Office website [www.eoni.org.uk](http://www.eoni.org.uk) to support further digital services.

### Outcomes

By March 2026, after two years of running, the service has supported in Northern Ireland 85,000 checks by the public.

Of this just under 60,000 checks had their registration confirmed and the Digital Registration Number provided. Importantly 51,000 of those checks took place during the narrow six week window of the 2024 General Election (22 May 2024 to 4 July 2024).

*“The new service significantly helped electors during the 2024 General Election. As poll day (4 July 2024) was at the start of the school summer holidays more electors wanted to apply for an absent vote. The new service eliminated the need for a phone call/email from electors and a manual search of the register by staff. This can now be resolved by the elector themselves in minutes online and during the election the service managed 51,000 checks.”*

Dr David Marshall Chief Electoral Officer

### Evidence of Impact

The service supported increased completion of postal and proxy vote applications during the 2024 General Election. Given the uptake of the service with 51,000 checks the percentage of failed absent vote applications due to the Digital Registration Number halved between the 2023 Local Elections and 2024 General Election.

The new service also helped with operational resilience and staff were able to focus on more complex matters. This also allowed more time to process absent vote applications earlier and this resulted in proportionately more completed postal votes being returned to the Electoral Office. In short local electors had their postal vote delivered earlier in the election period. This resulted in Northern Ireland not experiencing some of the pressures faced in other parts of the UK during the 2024 General Election. The Great Britain pressures were highlighted in the Electoral Commission report on the 2024 General Election<sup>3</sup>.

Ultimately this was one element that led to voters in Northern Ireland being more satisfied with the key electoral processes (86% satisfaction in Northern Ireland versus 80% satisfaction in Great Britain–

Electoral Commission report on the 2024 General Election).

### Learning and Insights

Key learning from the project included:

- Using a small team can deliver significant improvements
- Small incremental digital changes can have large impact
- Communication is critical and simplicity supports rapid delivery.

It should be noted that the service was not without issues – the Electoral Office noticed early on that a number of Great Britain electors wanted to use the service (as there is no such service in GB). This was not planned for and necessitated a further question to stop those applications.

A key overall learning point is to not try to solve all issues at once facing public sector organisations. Instead look at changes that can have the biggest impact and address one or two at a time. In the public sector there are too often grand plans which lead to large scale projects that often fail. In short a sequence of small changes delivered in-house can have a big impact.

### Barriers and Enablers

A key enabler for this service was having a small team of people (2-3) who concentrated on delivery. In addition necessity became the mother of invention – over the previous decade the Electoral Office has had a 66 per cent cut in funding and staffing. This led to the solutions a manual staff focused solution not being feasible and ultimately this has led to a rethinking of the type of staff and training required by the Office.

In undertaking this project the support of security consultants and advice from NCSC was vital. In addition the fact that there had been a problem in the 2023 elections cleared away obstacles allowing changes to be made quickly.

### Barriers

- Tight delivery timelines
- Need to raise awareness and communication updates

### Enablers

- Strong leadership with a small dedicated team
- Use of off-the-shelf tools to deliver a clear operational need
- Dedicated cybersecurity support

### Transferability and Scalability

Given the success of the service in Northern Ireland and with similar services in the Republic of Ireland, Canada, Australia and New Zealand, the service is being considered by colleagues in Great Britain. In Great Britain this will help reduce duplicate electoral registrations and improve voter experience.



## Am I Registered

Use this form to check if you are Registered to Vote in Northern Ireland and to get your Electoral Office Digital Registration Number. You must provide the personal details requested accurately to match the electoral register. If you have recently registered to vote, then allow up to 10 days for your registration to be processed.

START →

Am I Registered helps electors check if they are accurately registered to vote in Northern Ireland. **The service will also supply your Electoral Office Digital Registration Number.**

To use the service you must provide your mobile phone number that will be verified by text message. If you recently registered to vote, you should allow 10 days for your registration to be processed before checking.

Am I Registered

Not everybody on the electoral register can vote at every election. More details on who can vote at each election is available on the [What elections can I vote at](#) page.

If you have queries about this service please [contact us](#).

The online service has a number of privacy conditions. These are described in our Privacy Notice available on the [Privacy/Data](#) page, which also contains details of our conditions of service.

### Future Development

The success of this development has given the Electoral Office greater confidence to deliver further digital services. This has included a review and improvement of the Electoral Office website in January 2025 ([www.eoni.org.uk](http://www.eoni.org.uk)), the introduction of online services for Electoral ID cards in March 2025 ([www.eoni.org.uk/ID-card](http://www.eoni.org.uk/ID-card)) and the planning for improvements in other electoral services in the future.

### Further Information

For more information about this case study:

Daryll Madine, Head of Data Services (Data Architect), Electoral Office for Northern Ireland ([daryll.madine@eoni.org.uk](mailto:daryll.madine@eoni.org.uk))

First screen with guidance to electors (<https://www.eoni.org.uk/Am-I-Registered>)

Start of Am I Registered secure online form

# AI Technology – Common Health Entry Document Inspection Portal (CHIP) Automating SPS Compliance Checks at Northern Ireland Ports Using Artificial Intelligence

## Overview

The AI-enabled Common Health Entry Document Inspection Portal (CHIP) was developed by the Department of Agriculture, Environment and Rural Affairs (DAERA) to support the delivery of sanitary and phytosanitary (SPS) checks at Northern Ireland ports. The system integrates multiple artificial intelligence tools to automate document verification, seal identification and inspection prioritisation processes required under the Windsor Framework.

The innovation responds to the high volume of SPS documentation and inspection checks associated with goods entering Northern Ireland from Great Britain. Prior to implementation, staff manually reviewed thousands of certificates, seal images and import documents each month, creating a resource-intensive process that was repetitive and prone to human error.

By embedding AI capabilities directly into CHIP workflows, the system automates large volumes of verification tasks, improves accuracy and consistency, and enables staff to focus on higher-risk consignments and anomaly detection. The solution is delivering significant time savings, cost avoidance and operational efficiencies while supporting regulatory compliance and improving trader experience.

## Lead Department and Key Partners

Lead organisation:

Department of Agriculture, Environment and Rural Affairs (DAERA)

## Policy Area and Strategic Context

SPS checks are required under the Windsor Framework for goods entering Northern Ireland from Great Britain. These checks involve verification of health certificates, seals and supporting documentation to ensure compliance with regulatory requirements. The scale of checks undertaken each month created a need for a more efficient and accurate system capable of supporting compliance while reducing administrative burden. The strategic objective was to use AI-driven automation to increase accuracy, reduce manual workload and support effective regulatory oversight at ports.

## Problem or Challenge Addressed

- Manual checking of thousands of certificates, seal photos and documents was required
- Staff spent significant time reviewing compliant consignments
- Up to 13,000 documents per month required manual verification
- Human error risk was increased by repetitive processes
- Traders sometimes received late notification of issues
- Delays could occur in supply chains

The challenge was to improve accuracy and efficiency while maintaining regulatory integrity.

## Description of the Innovation

The innovation integrates multiple Azure AI capabilities into CHIP to automate SPS verification tasks.

Key components include:

- Custom Vision models to identify lorry seal positions in images
- Optical Character Recognition to extract seal numbers and document data
- Analysis of catch certificates and supplementary documentation
- Automated extraction of packing list data
- Machine learning document recognition for scanned PDFs
- A machine learning voting ensemble predicting likely inspection selections based on historical data

These tools automate verification processes and support predictive inspection prioritisation.



## Aims and Intended Outcomes

The programme aims to:

- Reduce manual and repetitive checking tasks
- Improve accuracy and consistency
- Allow staff to focus on anomalies and higher-value work
- Accelerate inspection processes
- Reduce delays for traders
- Provide earlier notification of issues
- Improve regulatory compliance

## Design and Development Process

The design and development of the AI enabled CHIP solution followed a rigorous, human centred and iterative methodology that ensured technical robustness and strong operational alignment. Central to this process was the training of AI models using large volumes of historical inspection and manifest data, enabling the system to reflect real world SPS checking patterns and achieve high levels of accuracy from the outset. This was complemented by the development of bespoke Custom Vision and OCR models designed to address the unique challenges associated with sea limage interpretation and extracting structured data from a wide variety of document types. These models were then integrated into CHIP workflows through the Azure AI suite, ensuring seamless interaction between automated components and established regulatory processes. Continuous cycles of testing and refinement strengthened model performance, improved reliability across variable document formats, and ensured the system remained responsive to operational feedback. Throughout development, close collaboration with frontline inspection teams provided essential insights into user needs, validated system behaviour in live scenarios, and ensured the resulting solution was both intuitive for staff and fully aligned with the realities of port based regulatory operations.

## Implementation Approach

The implementation of CHIP was delivered through a phased and carefully managed integration programme that embedded automation directly into existing regulatory workflows, ensuring continuity of service and minimal disruption to port operations. The approach centred on enhancing established CHIP processes rather than redesigning them, allowing staff to adopt new tools progressively and maintain confidence in established procedures.

As part of this programme, AI models were embedded directly into existing CHIP processes to strengthen document verification and sea limage analysis; key workflows, including certificate checks, photo analysis and data comparison routines, were automated to reduce manual workload and improve consistency; the enhancements were rolled out incrementally across major consignment categories such as the retail movement scheme and wild caught fish to refine performance and support user adoption; and critically, a machine learning ensemble was deployed to enable predictive selection of consignments most likely to require inspection, strengthening risk based decision making and optimising resource allocation.

This structured and iterative approach ensured that the system delivered rapid operational benefits, which included improved accuracy, reduced manual checking demands and increased processing speed, while maintaining full regulatory integrity and operational stability.

## Outcomes

The deployment of AI-enabled automation within the CHIP platform has delivered a transformative shift in how SPS compliance checks are undertaken at Northern Ireland ports. The programme has moved the organisation from a predominantly manual, resource-intensive model to a streamlined, data-driven inspection process that

strengthens regulatory assurance while improving operational performance. The outcomes achieved to date demonstrate not only measurable efficiency and accuracy gains but also a material enhancement in the organisation's ability to manage risk, prioritise resources, and provide a more responsive service to traders.

By embedding AI directly into frontline workflows, the system now consistently performs high-volume verification tasks with greater precision, speed and reliability. This has enabled frontline staff to redirect their expertise toward higher-value activities such as anomaly detection, enforcement decision-making and targeted interventions. The benefits realised extend beyond internal efficiency: traders experience reduced delays, faster issue resolution, and greater predictability in port-side processes, contributing to smoother supply chain operations.

Collectively, these outcomes illustrate how focused, well-governed innovation can enhance regulatory effectiveness while strengthening organisational resilience. The evidence demonstrates that AI-enabled automation, when deployed safely and strategically, can deliver substantial operational, financial and compliance benefits, positioning the organisation to meet future SPS demands with agility and confidence.



Key outcomes include:

- **Improved efficiency and accuracy:** This innovative platform has significantly reduced human error and streamlined compliance checking. It has also enabled a dramatic scale up in operational capacity, supporting growth from 250 checks to 150,000 checks within a single year
- **Workforce capacity gains:** staff no longer need to review large volumes of compliant documents and can instead focus on anomalies and higher-risk cases.
- **Time and cost savings:** each automated check saves approximately 3–5 minutes, contributing to an estimated £7 million in annual savings. To date, this equates to £37.7 million in cost avoidance and, in excess of 250,000 working days saved.
- **Benefits for traders:** earlier notification of issues allows traders to address problems more quickly, reducing detentions and minimising supply chain delays.
- **External recognition:** the CHIP system was shortlisted as a finalist in the 2024 Gartner Eye on Innovation Awards (EMEA), where it was the only European finalist.

## Evidence of Impact

The introduction of the AI-enabled process has delivered measurable improvements in efficiency, accuracy and workforce productivity. By automating routine checks and enabling staff to focus on more complex tasks, the initiative has generated significant time and financial savings while improving the quality of outcomes. It has also received external recognition for innovation.

Key impacts include:

- **Significant time savings:** quantified efficiencies across more than 13,000 checks per month.

- **Financial benefits:** annual savings of over £7 million attributable to reduced processing time.
- **Improved accuracy:** AI models replacing manual examination have reduced error and increased consistency.
- **Enhanced workforce productivity:** staff can focus on complex or higher-risk cases, improving both productivity and job satisfaction.

External recognition: the initiative has received international recognition, including being shortlisted for the Gartner Eye on Innovation Awards.

*“Artificial intelligence within the CHED Inspection Platform (CHIP) has fundamentally strengthened veterinary assurance and biosecurity at Northern Ireland ports. By embedding AI directly into front-line inspection workflows, we are identifying risk earlier, detecting non-compliance more consistently, and making faster, more confident SPS decisions. Automated document analysis, seal verification and predictive targeting are reducing manual processing and focusing veterinary and inspection expertise where it delivers the greatest protection. This has resulted in a more resilient, accurate and efficient border system that safeguards animal, plant and public health, supports legitimate trade, and upholds the integrity of our controls under the Windsor Framework”.*

Acting Deputy Chief Veterinary Officer - Windsor Framework SPS Delivery, Trade and Traceability

## Learning and Insights

The development and deployment of the AI enabled CHIP platform has reinforced the importance of maintaining a strong human in the loop approach when introducing advanced automation into regulated environments. While the system delivers substantial analytical speed and

accuracy, its real strength lies in how it enhances, not replaces, professional judgement. Throughout implementation, veterinary, inspection, and operational staff remained central to validating outputs, shaping model refinement, and ensuring that automated recommendations aligned with regulatory expectations and real world port conditions.

This combined human AI model has enriched organisational learning by demonstrating how data driven insights can support more informed decision making across SPS checking activities. Automation now provides staff with clearer, earlier, and more consistent information, enabling them to escalate genuine issues more confidently, target higher risk consignments, and redirect expertise to areas where professional interpretation is essential. The platform has therefore strengthened not only operational efficiency but also the quality and assurance of regulatory oversight.

The experience has highlighted how innovative technology, when carefully designed around user needs, can elevate staff capability, improve risk management, and embed continuous learning within inspection workflows.

#### Key learning points include:

- Targeting repetitive processes: AI can successfully automate highly repetitive SPS checks without compromising regulatory accuracy, provided appropriate validation and oversight are in place.
- Value of OCR technology: Optical Character Recognition (OCR) based data extraction significantly accelerates workflows and reduces manual handling.
- Importance of quality training data: Predictive inspection triage models are most effective when trained on sufficient and robust historical data. Data quality directly influences model performance.

#### Barriers and Enablers

The successful introduction CHIP was underpinned by several strong enabling factors, each of which played a pivotal role in accelerating development and ensuring operational credibility. A major enabler was the availability of extensive historical manifest and inspection data, which provided the foundation required to train, validate and refine AI models to a high standard of accuracy. The use of the Azure AI suite further strengthened the programme by offering a mature set of tools spanning OCR, object detection and classification that could be rapidly adapted to the specific needs of SPS regulatory processes. Critically, the problem space itself was well defined: high-volume, repetitive manual checks created a clear opportunity for targeted automation, ensuring that the benefits could be realised quickly and demonstrated through measurable operational outcomes.

At the same time, the programme had to navigate a number of structural and operational barriers common to digital transformation in regulated environments. Ensuring consistent OCR performance across variable document formats and image quality was an early challenge, necessitating repeated refinement cycles and robust testing to ensure regulatory integrity was maintained. Integrating new AI-enabled workflows into established operational systems also required careful planning to avoid unintended impacts on compliance processes and to ensure alignment with statutory requirements. Equally significant was the human dimension: supporting staff through the transition from manual to AI-assisted checking required investment in communication, engagement and training to build trust, address concerns, and ensure that users understood how automation complemented rather than replaced their professional expertise.

Overall, the balance of enablers and barriers demonstrates both the strategic opportunity and the disciplined delivery approach that characterised the programme. The presence of strong enablers accelerated development

and supported early adoption. Effective management of barriers, particularly those related to data quality, system integration, and user adaptation, ensured that the technology was deployed safely and responsibly and strengthened rather than disrupted critical regulatory functions. This combination has positioned the organisation to take advantage of further automation opportunities in a controlled, evidence-led manner.

#### Transferability and Scalability

The approach developed within CHIP has strong potential for transferability across other regulatory, inspection, and high volume verification environments. The solution is built using modular Azure AI components such as OCR, document classification, and predictive modelling. This structure enables the technology to be adapted easily to other compliance regimes and to wider public sector workflows requiring systematic document assessment or risk based triage. The underlying architecture is inherently scalable, supporting variations in workload without compromising performance or requiring refactoring. By integrating with existing operational systems and maintaining a strong human in the loop assurance model, the design ensures that scalability does not dilute governance or regulatory integrity.

#### Future Development

Future development will focus on extending AI capability to transform the management of packing list data, a critical but labour

intensive component of SPS compliance. A new AI enabled packing list processing tool will allow staff to upload any format of packing list, including unstructured or inconsistent PDF documents, and automatically convert them into a fully searchable and sortable Excel file. This enhancement will harmonise disparate formats, reduce manual reconciliation, and significantly streamline verification of consignment contents. Critically, it will enable a shift from checking approximately 10% of packing lists to achieving 100% coverage, strengthening assurance, improving transparency, and supporting compliance with EU requirements.

By automating these foundational checks, staff will be able to redirect their expertise toward priority commodities and emerging areas of concern. For example, if risk indicators suggest increased focus on specific commodities, officers can concentrate their attention accordingly before shifting to a different commodity as intelligence changes. This flexible, data driven allocation of effort will underpin more agile, targeted and responsive inspection regimes, ensuring that human expertise is applied where it delivers the greatest regulatory value.

#### Further Information

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## ScreenWorks: Industry-Led Work Experience to Strengthen Northern Ireland's Screen-Sector Talent Pipeline

### Overview

ScreenWorks emerged from a very real and growing challenge, one that frontline teams, service users and policymakers had begun to feel long before the solution took shape. Skills shortages within Northern Ireland's screen industries were increasing, while awareness among young people, parents and schools of the craft and technical career pathways available remained limited.

Northern Ireland Screen's engagement with schools and young people had shown that awareness of craft and technical roles was low, exacerbating workforce pressures. At the same time, meaningful work experience opportunities in the creative industries were difficult to deliver safely and equitably due to safeguarding, insurance, transport and health and safety considerations.

ScreenWorks was developed by Northern Ireland Screen, funded by the Department for Communities and delivered by Into Film to address this gap. It provides immersive, industry-led work-experience programmes for young people aged 14–19 across five screen sectors: film, television, animation, games and visual effects.

The programme combines practical assignments, industry insight and career guidance delivered by working professionals. All programmes are free, and a bursary is available to assist young people with travel costs. ScreenWorks aims to strengthen pathways into the screen industries, improve equity of access and support the long-term

sustainability of Northern Ireland's screen-sector workforce.

### Policy Area and Strategic Context

Northern Ireland Screen is committed to maximising the educational value of the screen industries for the benefit of Northern Ireland. The organisation continues to focus on programmes and services targeting marginalised and disadvantaged schools and communities.

By increasing access and participation in training and skills development across the screen industries, ScreenWorks supports:

- **The Northern Ireland Executive's Programme for Government**
- **Skills development priorities within the screen industries**
- **Increased access for disadvantaged and marginalised groups**
- **Stronger links between education and industry**

Continued funding and support from the Department for Communities ensures that ScreenWorks is free at the point of access for participants which allows Northern Ireland Screen to deliver on its strategic objective to strengthen pathways into the screen industries by prioritises helping young people, schools, youth groups, teachers and parents from all social backgrounds better understand career opportunities and pathways.

### Lead Organisation and Key Partners

**Lead Organisation:**  
Northern Ireland Screen

**Delivery partner:**  
Into Film

**Funding partner:**  
Department for Communities

Northern Ireland Screen and Into Film have a 15-year relationship which has enabled the development of a rich suite of creative and digital education programmes that extend well beyond career-focused initiatives. This innovative partnership has shaped an engaging, curriculum-aligned offer for schools which includes free classroom resources, virtual workshops, and creative activities that help teachers use film to enhance learning and literacy. Together, these programmes strengthen film education, inspiring the next generation of storytellers from their earliest years of engagement.

Into Film is funded by the Department for Communities (DfC's) through Northern Ireland Screen under the overarching objective to embed the use of moving image and related digital technologies across the formal and non-formal curriculum in Northern Ireland and under DfC's priorities around tackling disadvantage and promoting equality of opportunity. This funding is tied to clear performance indicators (number of programmes, sector coverage, participation targets, representation from extended schools) which provide a formal governance structure for delivery.

NI Screen's current strategy "Stories, Skills & Sustainability" emphasises skills development and career pathways, positioning ScreenWorks as a central mechanism for meeting future skills needs and building a stronger talent pipeline.

### Problem or Challenge Addressed

Northern Ireland's screen industries face growing skills shortages in craft and technical roles. At the same time:

- Careers teams often lack resources to advise on screen careers
- Young people lack exposure to industry role models and real-world learning
- Awareness of technical and craft roles is limited
- Access to industry opportunities is uneven

Northern Ireland Screen's past engagement demonstrated that many young people were unaware of the range of technical roles available. Without early exposure, students were less likely to make informed educational and career decisions aligned to industry needs.

Previous work experience across the local screen industries was inadequate as it only applied to Moving Image Arts students which limited access to maximum of 20 students per year. Also, the actual experience was very restrictive as in reality, students would not get access to senior professionals or have an opportunity to learn about specific technical skills in a 'live set' environment.

ScreenWorks also acknowledged the traditional "who you know" barrier that has long shaped access to the screen industries. Instead of relying on personal connections or family networks to secure work experience, the programme matches young people with real Northern Ireland based professionals, creating that crucial first link for those who don't already have it. By acting as the "somebody they know," ScreenWorks

replaces a system built on informal privilege with one built on structured, equitable access, ensuring that opportunities are based on interest and potential, not insider networks.

ScreenWorks also delivers programmes continuously across the academic year, rather than relying on the traditional single work-experience week, because this is the only viable model for providing rich, hands-on industry experiences. Schools can rarely release students for a full week during term time and production environments cannot safely host large groups, so ScreenWorks instead runs immersive programmes year-round, allowing industry professionals to participate around real production schedules and giving young people access to up-to-date skills, equipment and workflows in a structured environment.

ScreenWorks sought to replace traditional school work-experience provision with coherent 'taster' sessions delivered by industry professionals to build awareness and interest in job roles.

### Description of the Innovation

ScreenWorks is a diverse and dynamic scheme designed to help young people aged 14–19 learn about careers in the screen industries through hands-on work experience. Each programme:

- Lasts between three and five days.
- Combines practical assignments, industry information and career advice.
- Is delivered by working industry professionals.
- Covers five sectors: film, television, animation, games and visual effects.
- Offers participants the opportunity to begin developing a portfolio, reflecting the industry's increasing emphasis on portfolio-based evidence of skills for recruitment.

All ScreenWorks programmes are free, and travel bursaries are available to support access.

The immersive programmes were created in collaboration with industry professionals to ensure authenticity, use of up-to-date tools and relevance across priority sectors. The design evolves as new areas such as AI, games and virtual production emerge.

### Aims and Intended Outcomes

ScreenWorks' primary aim is to expand young people's awareness of career pathways within Northern Ireland's screen industries by providing high-quality, practical, work-based learning delivered by industry professionals.

#### The programme seeks to:

- Address skills shortages
- Improve equity of access
- Strengthen links between education and industry

#### Intended outcomes include:

- Increasing understanding of how to enter and progress within the sector
- Enhancing knowledge of job roles and working practices
- Building confidence through hands-on technical, creative and employability skills
- Inspiring informed career decision-making
- Supporting continued engagement in education
- Contributing to a sustainable pipeline of future screen-industry talent

### Design and Development Process

ScreenWorks was developed to address a clear gap in Northern Ireland's screen talent pipeline: limited awareness of craft and technical roles, inconsistent careers guidance and few meaningful work-experience opportunities outside Moving Image Arts.

Development included:

- Consultation with industry professionals to ensure authenticity.
- Alignment with Northern Ireland Screen's skills strategy.
- Ongoing consultation with teachers, young people and facilitators.
- Improvements such as digital applications and monitoring approaches.
- Strengthened outreach to disadvantaged and rural schools.
- Enhanced marketing and PR activity. Continuous feedback has shaped refinements and led to the creation of Trailblaze, a one-to-one mentoring progression route for motivated alumni.

### Implementation Approach

ScreenWorks operates through a structured, industry-led delivery model:

- Immersive three-to-five-day programmes
- Delivery by working screen professionals
- Logistics, recruitment, safeguarding and monitoring coordinated by Into Film
- Pre- and post-programme questionnaires
- Continuous outreach and evaluation

ScreenWorks operates as a large-scale, professionally delivered work-experience programme. Between 2022 and 2024, Into Film ran 57 industry-led programmes and engaged over 1,500 young people with the programme reaching over 100 post-primary

schools with strong rural participation as well as those schools in areas of disadvantage. The successful delivery is due to a consistent model being in place with extensive operational support from the local Into Film team allowing ScreenWorks to function as a coordinated, scalable programme across the academic year rather than traditional ad-hoc placements.

The programme is adaptive and evolves annually in response to feedback and outcome data. This adaptive, evaluation-driven approach ensures that we continually strengthen the programme's role as a pathway into further training, education, and employment within Northern Ireland's screen industries.

### Outcomes and Evidence of Impact

Six years of delivery demonstrate that ScreenWorks is now an established and proven model with measurable impact across awareness, skills development and progression.

### Awareness and Understanding

Recent evaluation evidence shows that 86 percent of participants reported a good or great understanding of how to start a career in the sector after completing a programme, compared with 23 percent beforehand.

Awareness of opportunities and progression routes also increased significantly, with 94 percent reporting awareness of screen-industry opportunities and 87 percent reporting awareness of how to navigate pathways into the industry.

### Skills Development

Skills development outcomes have been substantial. 98 percent of participants reported developing key interpersonal, creative or technical skills, particularly in creativity (85 percent), communication (67 percent) and confidence (64 percent).

## Progression Outcomes

Longer-term outcomes demonstrate strong progression. 41 percent of past participants have progressed to screen-related study, 34 percent have produced independent creative work and 74 percent reported that ScreenWorks influenced their decision to pursue a screen-industry career.

Demand for the programme continues to grow. Educators report increased university applications and stronger awareness of local employment opportunities within Northern Ireland's screen sector.

### Stakeholder Feedback

Industry professional:

*"I think it's really helpful... with the screen industry in Northern Ireland taking off to the extent that it has, it's mad not to support that wherever possible."*

Teacher:

*"We have seen applications for university courses in NI double this year... pupils now see employment opportunities."*

Past participant:

*"ScreenWorks was my first professional introduction... now I work in a VR production company in Belfast."*

## Learning and Insights

ScreenWorks reinforces the importance of industry-led learning, as young people are more engaged and develop a clearer sense of career direction when working directly with screen professionals using real tools and workflows. Key learnings are:

Short, intensive three-to-five-day formats strike an effective balance between school timetables and meaningful hands-on experience.

Schools consistently value how ScreenWorks complements curriculum areas such as Moving Image Arts, Art and Design, English and Media Studies, reinforcing that genuine links between education and industry strengthen engagement and relevance.

Teachers continue to report improved coursework, clearer career decisions and increased applications to screen-related courses, providing further evidence of the programme's impact.

Stakeholders have also highlighted the need for more targeted outreach to extended-schools and marginalised communities, stronger regional coverage, and improved continuing professional development resources for teachers.

## Barriers

ScreenWorks faces a number of operational challenges.

Some schools, particularly extended schools and those in marginalised areas, struggle to release pupils due to timetable pressures, exam schedules, limited staffing or fixed work-experience weeks. This can reduce access for those who might benefit most.

Travel remains a significant obstacle. Rural pupils often face long journeys, weak public transport links and limited awareness of the travel bursary available.

Capacity constraints, including limited regional venues and access to specialist equipment, can restrict delivery.

There continues to be low awareness of the creative industries among teachers, careers advisers and parents, including limited understanding of the wide range of roles available across the sector.

The freelance nature of the screen industries can present a perceived risk when discussing career options with parents and educators.

Teachers may also find it difficult to access continuing professional development due to school substitution costs, limiting their ability to support screen-industry pathways.

## Enablers

Strong relationships with industry professionals are central to the success of ScreenWorks. These partnerships enable real-world, up-to-date and engaging workshops that build credibility with schools and young people.

The structured programme format, combined with high-quality facilitation and hands-on experience, significantly boosts engagement and outcomes.

Effective communication with teachers, alongside promotion and PR activity, supports recruitment and awareness.

Regional delivery, where available, increases accessibility and helps to widen participation.

Whilst the programme faced barriers related to school constraints, geography, equipment, recruitment, awareness gaps, and professional capacity, these were largely addressed through flexible delivery methods, regional expansion, industry partnerships, targeted outreach and a structured, replicable workshop model.

Overall, ScreenWorks showed an adaptive, flexible approach that not only mitigated challenges but strengthened the programme's quality, widened participation, and continue meeting sector and educational needs despite challenges which have enabled sustained engagement and growth.

## Transferability and Scalability

The ScreenWorks model could be replicated across other UK regions where structured screen-industry work-experience provision is limited.

Transferability depends on:

- Funding support
- Industry partnerships
- Delivery coordination capacity

The model demonstrates potential for wider adoption where similar skills gaps exist.

## Future Development

ScreenWorks will continue to evolve under Northern Ireland Screen's new 2026–2030 strategy.

Planned developments include:

- Partnership with DCMS on Discover Creative Careers (2026–2029)
- Expanded outreach
- Continued focus on diversity and access
- Strengthened pathways into employment

The programme aims to sustain a diverse and skilled future workforce for Northern Ireland's screen industries.

## Key Lessons

ScreenWorks has evolved over the last 6 years and gradually built upon its success by influencing;

Schools – by improving teacher awareness and attitudes toward creative careers.

Young people & parents – by transforming confidence, attitudes, intentions, pathways and networks.

The sector workforce – by engaging directly in addressing skills shortages, diversifying entry routes, and preparing job-ready trainees.

The wider careers ecosystem – by developing a high-quality, industry-aligned work experience programme throughout the academic year.

ScreenWorks is helping to shape the future talent pipeline for Northern Ireland's screen industries, while simultaneously enhancing the education system's capacity to support creative career development.

Industry-led, immersive work-experience programmes can significantly improve awareness, confidence and progression into specialist sectors. By combining structured delivery, accessibility and strong industry partnerships, ScreenWorks demonstrates how targeted intervention can strengthen regional skills pipelines and support more equitable access to emerging career pathways.

#### Further Information

For more information about this case study:

Please visit our website:  
<https://www.intofilm.org/screenworks>

Or contact David McConnell  
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## PSNI Wellbeing and Trauma Resilience Programme: A Whole-System Preventative Model to Strengthen Psychological Resilience Across the Police Service of Northern Ireland

### Overview

The PSNI Wellbeing and Trauma Resilience Programme (WTRP) is a multi-faceted organisational programme designed to strengthen psychological resilience, reduce stigma around mental health and provide proactive, preventative support to the Police Service of Northern Ireland workforce. The programme responds to increasing levels of psychological ill health, trauma exposure and sickness absence within policing and introduces a structured Psychological Resilience Pathway supported by education, peer support, therapeutic resources and organisational change.

The initiative emerged from research led by PSNI Occupational Health and Wellbeing services, which identified that a predominantly reactive model of support was insufficient to meet workforce needs. A preventative, whole-system model was required to address trauma exposure, encourage early help seeking and embed a culture of psychological wellbeing across the organisation.

The programme was developed through a co-designed approach involving clinicians, police officers, staff and international experts. The collaborative approach across PSNI departments was critical to create a better co-designed product. The expertise and lived experiences of others was key in the development, implementation and adoption of these projects. Many teams were engaged throughout this project in order to enable and ensure its success and

effectiveness. These departments include ICT, Local Policing, the Police Training College, Learning and Organisational Development, Senior PSNI Leadership, and Occupational Health and Wellbeing. External funding of £260,000 was secured from the Movember organisation to support implementation over three years. The programme has now been rolled out across the organisation and is being independently evaluated.

### Lead Organisation and Key Partners

Lead Organisation:

Police Service of Northern Ireland (PSNI)  
 – People and Organisational Development Department

Key Partner:

Movember Organisation

Additional collaborators included:

- National Police Wellbeing Service
- Police Care UK
- National Police Library
- Academic partners
- International policing wellbeing experts

The PSNI had previously utilised some of the more tactical services/resources provided by National Police Wellbeing Service (NPWS) and Police Care UK, such as training and information leaflets, but had not worked on any strategic collaborative pieces of work. The development and implementation of the Wellbeing and Trauma Resilience

Programme allowed the PSNI to forge deeper, more robust relationships with both NPWS and Police Care UK and ensure national alignment. In addition, new collaborations were formed with the National Police Library, various academic partners, and international police wellbeing experts. These connections continue to this day. There has been tremendous value to the PSNI's WTRP in these collaborations allowing for the development of a suite of interventions and initiatives that are diverse, innovative and adaptive to the needs of our policing population.

### Policy Area and Strategic Context

The Northern Ireland Policing Plan 2025–2030, developed jointly by the Northern Ireland Policing Board and PSNI, sets out a shared ambition for policing to be victim focused, community focused and workforce focused. However, reduced workforce capacity combined with increasing operational demand has intensified pressure across the organisation.

Psychological ill health represents one of the most significant workforce challenges. It accounts for approximately 53 percent of sickness absence within PSNI, and ill-health retirements citing psychological causes remain higher than in other UK police forces. The cumulative impact of workforce shortages, trauma exposure and organisational stress presents a substantial corporate risk, affecting deployable capacity, increasing costs and reducing operational resilience.

Police officers are exposed to significantly higher levels of trauma than the general population. Estimates suggest exposure to between four hundred and six hundred traumatic incidents over a career, compared to three or four for the average member of the public. Despite this, first responders are less likely to seek support, reinforcing the need for preventative organisational approaches.

### Policy Area and Objective

Health, safety, and workforce wellbeing are central to protecting and enhancing psychological resilience. The Psychological Support Programme aligns with PSNI's Workforce Strategy and its commitment to equip, engage and empower staff. Under health and safety legislation, employers have a statutory duty to provide safe systems of work. This includes proactively identifying and managing risks that could result in psychological harm. Guidance issued by the Chief Medical Officer of the National Police Wellbeing Service in December 2025 reinforced this responsibility, highlighting the need for systematic identification of risk, implementation of controls and ongoing monitoring of psychological hazards.

### Problem or Challenge Addressed

Historically, support provision within PSNI has been weighted towards reactive intervention once staff are already experiencing significant distress. A review led by the Occupational Health and Wellbeing team found that this model was not optimising mental health outcomes or meeting workforce needs.

Analysis of sickness absence, ill-health retirement trends and trauma exposure data, alongside staff engagement and service evaluation, highlighted the need for a stronger preventative and educational approach. Evidence indicated that stigma, delayed help seeking and limited early intervention increased the risk of psychological distress escalating before support was accessed.

This created a clear requirement for a multi-faceted programme that would:

- Reduce stigma
- Encourage earlier help seeking
- Build resilience
- Embed preventative support across the organisation

Without such measures, workforce wellbeing, availability and operational resilience would remain at risk.

### Description of the Innovation

The Occupational Health and Wellbeing (OHW) Mental Health Services team developed a new vision and infrastructure for a Psychological Resilience Pathway designed to shift PSNI from a reactive to a preventative model of psychological support. The aim was to broaden access to therapeutic resources while embedding a more sustainable, long-term approach to workforce wellbeing.

A robust business case was developed and, in an innovative step, external funding was secured from the Movember men's health organisation (£260,000 over three years). Each programme element was required to demonstrate a clear rationale, deliverability within funding, sustainability and an evaluation framework.

The resulting Wellbeing Trauma Resilience Programme was introduced across PSNI and made accessible to the entire workforce.

### Programme Elements

Psychoeducational Training and Self-Help Resources

To increase awareness, reduce stigma and promote early help seeking, a suite of education and wellbeing resources was introduced, including:

- E-learning modules on psychological wellbeing, trauma-informed practice and resilience
- First-line manager training on promoting psychological wellbeing
- Trauma-informed learning integrated into broader police training
- Trauma Intervention Prevention Techniques training (with Police Care UK)

- A bespoke wellbeing webpage with signposting and resources
- Online and physical wellbeing libraries
- Wellbeing and family-focused podcasts
- Family support materials and wellbeing information resources

These initiatives were designed to embed wellbeing awareness from early career stages and encourage proactive engagement with support.

### Expansion of Peer Support

PSNI significantly strengthened its peer support and wellbeing volunteer network in partnership with organisations including Oscar Kilo and the National Police Wellbeing Service.

Volunteers received enhanced training and accreditation in:

- Peer Support and Critical Incident Stress Management
- Psychological First Aid
- Applied Suicide Intervention Skills
- Trauma Impact Prevention Techniques
- Grief First Aid (introduced in 2025)

This expansion increased the organisation's capacity to provide early, low-intensity therapeutic support following incidents and through self-referral, reinforcing the preventative model and complementing formal clinical services.

### Aims and Intended Outcomes

The aim of the PSNI Wellbeing Trauma Resilience Programme is to enable the organisation to more effectively invest in the holistic psychological wellbeing of its workforce.

## Programme Objectives

### The main objectives of the Wellbeing and Trauma Resilience Project were:

1. To provide wellbeing training and psychoeducational materials to the workforce and their families.
2. To increase the number of regional peer supporters from 100 to 250 and enhance the quality and depth of their training.
3. To develop and publish bespoke Wellbeing and Trauma Resilience Plans and deliver these through the peer support network.
4. To embed wellbeing screening software within PSNI internal systems to support early identification and intervention.
5. To train peer support personnel to deliver a group version of Eye Movement Desensitisation and Reprocessing (EMDR) trauma therapy using the Modified Group Traumatic Episode Protocol (GTEP) approach for those affected by work-related trauma.

## Design and Development Process

The programme was developed using a co-design approach, recognising that it would only be effective if shaped by those it was intended to support. Lived experience and collaboration were central to the development of all elements.

Design input was drawn from police officers, police staff, PSNI Peer Supporters and clinicians within the Occupational Health and Wellbeing Mental Health Service, alongside external partners including the College of Policing, Police Care UK, the

National Police Library, the Movember organisation, academic institutions and international subject matter experts.

A dedicated Project Development Team was established, jointly led by clinical psychologists, police officers and peer supporters. This ensured that frontline operational insight was integrated with clinical expertise, resulting in a bespoke, culturally aligned and evidence-informed model.

Strong internal collaboration took place across the Police College, Human Resources and ICT departments. The team also engaged with national and international experts, contributing to bodies such as the Royal Foundation Emergency Responders Working Group, the National Police Wellbeing Service and the National Police Suicide Prevention Board.

Clinical governance was embedded throughout, with a PSNI Mental Health Service clinician providing oversight across all programme elements in partnership with officers and staff involved in the Wellbeing Volunteers scheme.

The “Supporting Those That Serve” podcast series was co-developed by PSNI psychologists and officers with international experts in family welfare within policing, reinforcing the programme’s focus on both workforce and family wellbeing.

## Implementation Approach

A phased rollout was adopted to reflect the multi-faceted nature of the programme. Individual elements could be introduced independently, with cumulative impact increasing as they became embedded. The implementation plan included readiness assessments, stakeholder mapping and identification of interdependencies. All elements were delivered over a 24-month period from 2023 to 2025.

The Occupational Health and Wellbeing Mental Health Service worked with internal and external partners to implement and evaluate the programme. Engagement included workforce surveys, training events, design workshops, senior leadership briefings and regular communications via email and the PSNI intranet. Key collaboration took place with the Police College, ICT Department on development of the ME App and the Strategic Communications and Engagement team on supporting materials and webpages.

Therapeutic and educational resources were delivered through multiple formats, including e-learning, face-to-face training, podcasts, webpages, mental health applications, bibliotherapy resources, psychoeducational materials, family resources and low-intensity therapeutic interventions. The Occupational Health and Wellbeing internal webpage was redesigned to provide clearer access to resources and services.

Workforce engagement remained central throughout, with officers and staff contributing through surveys, consultations and focus groups. Implementation was supported by clinical expertise from national and international partners, including the Movember Veterans and First Responders Mental Health Grant Programme, the National Police Wellbeing Service and international policing wellbeing specialists.

## Outcomes

The programme was developed in response to a predominantly reactive model of support that often engaged staff only at crisis point. It introduced a proactive, preventative approach designed to support earlier intervention and sustained psychological resilience.

Independent evaluation by a Movember-funded academic partner identified an estimated £2 return on investment for every £1 spent. Although anonymous feedback limited individual-level tracking

across all components, several organisational improvements have been observed:

- Strong workforce support for wellbeing initiatives, evidenced through Cultural Audit findings and ongoing surveys.
- A reduction in officers seeking ill-health retirement, decreasing from peak levels in 2023/24 of 281 officers to 171 in 2024/25. Current financial year 2025/26 shows a further decrease is likely with current figure to date of 139 to date.
- When ill-health retirement cases are excluded the overall sickness absence levels has fallen below the Average Working Days Lost (AWDL) target of 14.11 days for the first time in three years. Currently the AWDL sits at 13.72 for police officers
- Increased referrals to Peer Support and Wellbeing Volunteers, now embedded within operational welfare responses. Referral rates for Peer Support have more than doubled from 102 in 2021/22 to 253 in 2024/25.
- Continued growth in use of the ME App self-assessment tools. More than 4,200 police officers and police staff have now completed psychological screenings to date.

The programme is underpinned by the Global Appraisal of Individual Needs (GAIN) bio-psychosocial model, supporting intervention across a hierarchy of need. At a universal level it has strengthened awareness, managerial capability and access to therapeutic resources. Peer-led interventions, including group Eye Movement Desensitisation Reprocessing (EMDR) using a modified Group Traumatic Episode Protocol (GTEP) approach, provide early access to lower-intensity therapeutic support.

Impact is being assessed over three years using repeated workforce surveys

incorporating psychometric measures, alongside targeted evaluation of individual components. Despite significant operational pressures during this period, evaluation aims to evidence sustained improvements in awareness, stigma reduction, help seeking behaviour and the effectiveness of peer-supported interventions.

### Evidence of Impact

The Occupational Health and Wellbeing service partnered with an independent academic evaluator, funded through the Movember Grant, to assess programme outcomes and benefits. By the end of the funding period all sub-projects had moved from pilot to full implementation and were assessed as being in the maturity phase. While some elements focused on individual officers and staff, including peer support and psychoeducation, others targeted organisation-wide change.

Across all six elements, the programme aimed to support cultural change by encouraging early recognition of trauma and psychological distress, strengthening help seeking behaviour and promoting peer and manager-led early intervention. Personalised data were collected within the modified Group Traumatic Episode Protocol (mGTEP), while other elements were evaluated through anonymous workforce and organisational surveys.

The independent evaluation identified several areas of impact:

**Resilience and wellbeing:** Psychological resilience remained stable across the workforce despite significant organisational pressures during the project period, including a data breach and recruitment pauses. In this context, stability was considered a positive outcome. Individual-level gains were identified among those accessing mGTEP, alongside broader positive trends in wellbeing and resilience (such as an increase of 14 percentage points across the 6 areas of the Health and Safety Executives

Management Standards). For the mGTEP intervention overall participants experienced a statistically significant decline of all areas of psychological outcomes, including distress, anxiety, depression and posttraumatic symptom from pre to post measures. This meant that mGTEP as an intervention overall was able to shift participants, from a clinical level of depression, anxiety or post-traumatic stress at 'moderate' to non-clinical levels of 'mild.' These findings have been published in the Journal of Comprehensive Psychiatry in an article titled 'Adapting the group traumatic episode protocol approach as a paraprofessional-led early intervention for law enforcement personnel' (Ozga, et al. 2025).

**Programme delivery:** The programme was ambitious and complex, delivered within a large policing organisation operating in a demanding environment. All elements were grounded in established evidence or adapted from international practice. Peer support existed prior to the project but was significantly expanded through Movember funding. For example, our wellbeing survey found a 22% increase in awareness of how to access Support Services as a result of the WTRP. Strong planning and adaptive delivery were identified as key success factors.

**Adoption and reach:** Adoption across programme elements was high, reaching routinisation overall, with further uptake expected. An evaluation conducted by PSNI and University of Canberra showed that there was successful adoption of each of the projects across departments of the organisation by line management in support of their team's wellbeing. This ranged from encouraging use of the resources to embedding the resources within their team's strategic wellbeing planning. Engagement was particularly strong for peer support and the ME App, and remained high for Wellbeing and Trauma Resilience Plans. More than two-thirds (71%) of users felt that the Wellbeing and Trauma Resilience Plan was useful and also meaningful to their

psychological wellbeing. Similarly, 71% of Peer Support users stated that they would recommend peer support to a colleague. Although the psychoeducation library had a shorter implementation window, early engagement indicates continued growth.

**Context and sustainability:** Implementation timelines varied across elements and effectiveness is expected to continue strengthening as the programme embeds across the workforce. Organisational scale and competing priorities presented challenges, but staff and managers reported recognising the value of the programme. Evidence of positive workforce benefits and social return on investment indicates strong potential for continued improvement and long-term sustainability.

### Learning and Insights

The programme has begun to embed more proactive, preventative approaches to mental health and wellbeing across the organisation. Alongside formal therapeutic provision, a range of tools, training pathways and self-assessment resources have strengthened awareness, reflective practice and early help seeking. While many of these outcomes were intended, the programme has also contributed to wider cultural shifts in how mental health is understood, discussed and supported within the workforce.

**Strengthening reflective practice:** Specific elements, including the ME App and the Wellbeing Trauma Resilience Plan, have supported reflective practice by enabling staff to regularly self-assess and check in on their mental health. When combined with routine triage from the Occupational Health and Wellbeing Mental Health Service, this has increased the frequency with which the workforce actively reflects on mental wellbeing.

**Embedding proactive approaches across departments:** The programme has enabled departments to take a more

proactive role in managing mental health at work. Early-career training pathways, including e-learning modules, Trauma Impact Prevention Techniques (TIPT) and podcasts, provide staff with opportunities to build knowledge and skills in workplace mental health. The programme has also supported development of a broader stepped-care model of therapeutic intervention within the Occupational Health and Wellbeing service. From spring 2026, this will be strengthened through the introduction of Psychological Health Surveillance for selected high-risk role holders, complementing the existing management- and employee-led trauma and resilience framework.

### Increased help seeking behaviour:

Although not an explicit intended outcome, there has been an increase in staff proactively seeking support for their mental wellbeing. This is reflected in rising referral rates to the Occupational Health and Wellbeing Mental Health Service and a perceived cultural shift towards greater acceptance of therapeutic and preventative approaches to building resilience.

### Ongoing monitoring and improvement:

To sustain impact and support continuous improvement, the Occupational Health and Wellbeing service will continue to undertake regular organisational and workforce surveys. These will allow comparison over time on key indicators of wellbeing, resilience and perceived organisational support and will inform further enhancement of the programme.

### Barriers and Enablers

This programme represents long-term cultural change. Building a workforce in which staff feel confident to seek support requires sustained focus, repeated engagement and visible leadership commitment. While workforce-level wellbeing can be monitored over time, anonymity within evaluation processes limits the ability to link individual outcomes directly

to changes in sickness absence. Nonetheless, evidence shows that early intervention improves mental health outcomes and this principle underpins the programme.

Creating psychologically safe spaces for staff to share lived experience was a critical success factor, strengthening trust, engagement and stigma reduction.

### Key Enablers

- **External funding - Securing £260,000 in external funding was essential to delivering the programme at scale.**
- **Flexible but robust governance - Movember provided flexibility in delivery alongside strong governance, ensuring alignment with funding requirements while allowing adaptation to organisational needs.**
- **Collaboration and stakeholder commitment- Implementation relied on sustained collaboration across internal departments and external partners. Competing priorities within areas such as the Police College and ICT Services were managed through ongoing engagement, communication and shared commitment to workforce wellbeing.**
- **Evidence-led vision - A strong evidence base supported the case for change, built organisational buy-in and helped maintain momentum toward a preventative, early-intervention culture.**

### Transferability, Scalability and Future Development

The Wellbeing and Trauma Resilience Programme is designed for long-term sustainability and expansion. Training modules will become embedded within core PSNI training and subject to ongoing review by the Mental Health Service and Police College. Peer support services are now fully operationally embedded, supported by two Service Executive Team Champions at Deputy Chief Constable and Assistant

Chief Officer level. Peer support forms part of operational policing plans, post-incident debriefs and Gold, Silver and Bronze welfare responses to critical incidents.

#### Scalability is supported through:

- Expansion of peer and wellbeing volunteers in line with workforce growth
- A train-the-trainer model for TiPT and modified GTEP
- In-house production of podcasts, digital assets and training materials, enabling cost control and rapid adaptation

The next phase focuses on deepening preventative capability and cultural change. Future priorities include strengthening peer-led support, enhancing self-awareness tools, further validating group EMDR interventions and reducing levels of depression, anxiety, sickness absence and post-traumatic stress across the workforce.

PSNI has also published trauma-related resources on the Join PSNI website to prepare prospective recruits for the realities of policing. In addition, a trauma tracker has been developed to alert line managers to cumulative exposure, enabling timely and compassionate support. Further development of the ME App completed in 2025 means it now includes direct referral pathways to Employee Assistance Programme and Peer Support services to improve ease of access.

### Further Information

For more information about this case study:

<https://www.joinpsni.co.uk/uploads/1643985729-police-officer-guidance-for-applicants.pdf>  
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## “You Could Be a Lifesaver” Transforming organ donation in Northern Ireland through cultural and behavioural change

### Overview

“You Could Be a Lifesaver” emerged from a very real and growing challenge, one that frontline teams, service users and policymakers had begun to feel long before the solution took shape. Sustaining public knowledge, understanding and support for organ donation requires long-term cultural change rather than short bursts of awareness activity. The programme was developed to embed a positive organ donation culture across Northern Ireland so that more lives can be saved through increased consent and clearer decision-making.

Only around one percent of deaths in Northern Ireland occur in circumstances where organ donation might be possible. Of these, around two thirds become potential donors following medical checks and verification of the patient’s last known decision. Each potential donor could help up to nine other people. This makes family consent discussions and public understanding critically important.

Although public support for organ donation has historically been high in Northern Ireland, this has not always translated into action. In 2018, while over 90 percent of the population supported organ donation in principle, only 45 percent were on the NHS Organ Donor Register. Consent rates had not risen above 65 percent annually. Evidence showed that consent rates were consistently higher where families had previously discussed organ donation decisions.

Short-term campaigns created temporary awareness but did not deliver sustained behavioural change. Messaging was not always coordinated and there was no long-term education programme across schools, communities or professional sectors. These factors highlighted the need for a sustained policy and behavioural change approach.

The Department of Health therefore committed to a long-term programme of cultural change. Rather than relying on one-off campaigns, a continuous programme of education, engagement and partnership working was introduced under the banner “You Could Be a Lifesaver.” The intention is to build a society of organ donors by embedding awareness, encouraging family conversations and supporting individuals to record and share their decision.

### Policy Area and Strategic Context

In public health terms, organ donation represents the ultimate gift of life. One deceased donor can help or save up to nine people, while living kidney donation provides a critical lifeline for individuals with renal failure. Northern Ireland participates in the UK-wide organ sharing system coordinated by NHS Blood and Transplant (NHSBT). However, the number of donated organs continues to fall short of growing demand for lifesaving transplants.

All UK regions work strategically with NHSBT to increase organ donation and transplantation rates. While NHSBT coordinates the national system, each

region is responsible for its own promotion, public education and engagement activities.

To strengthen public awareness and improve consent rates for organ donation after death, the Northern Ireland Assembly passed legislation in 2016 placing a statutory duty on the Department of Health to promote organ donation and transplantation annually. This is the only area of public health in Northern Ireland where such a statutory promotional duty exists, requiring a sustained and innovative policy approach to support long-term cultural change in public understanding and attitudes towards organ donation.

In 2022, the Assembly passed further legislation, known as Dáithí's Law, introducing deemed consent for organ donation in circumstances where a deceased person had not previously recorded an express decision. The legislation also introduced an additional statutory duty requiring the Department to inform the public annually about the change in law, the implications of deemed consent and the options available to register their wishes.

### Lead Organisation and Key Partners

#### Lead Organisation:

Department of Health

#### Key Partners:

Public Health Agency  
 Donate4Dáithí campaign  
 NHS Blood and Transplant (NHSBT – the NHS body which operates the UK transplant programme and employs the team of Specialist Nurses across NI hospitals)

#### Key Contacts:

Joan Hardy, Department of Health  
 Catherine McKeown, Public Health Agency  
 Máirtín Mac Gabhann, Donate4Dáithí  
 Edel Livingstone, NHSBT (regional lead, NI Specialist Nurse Organ Donation team)

The Department of Health and The Public Health Agency (PHA) had worked on short-term, ad hoc organ donation awareness since the PHA was established in 2009. The Donate4Dáithí campaign was established in 2018 when 4-year old Dáithí was placed on the heart transplant waiting list. As the Donate4Dáithí campaign gathered momentum, it worked increasingly closely with these two partners. The value of this was the increasing levels of engagement to an emotive and personal local story and the topic of organ donation and transplantation. It garnered the support of local communities in sharing the awareness messages.

### Problem or Challenge Addressed

The central challenge is to sustain public knowledge, understanding and support for organ donation over the long term by embedding a positive donation culture across society. Achieving this would increase consent rates for donation after death, save more lives through transplantation and help ensure that individuals' wishes to become donors are honoured where possible.

Only a very small proportion of deaths occur in circumstances where organ donation is possible. In Northern Ireland, this equates to approximately 1% of deaths each year (around 100 cases). Following medical assessment and confirmation of a person's last known decision, only around two thirds of these cases proceed as potential donors. As each donor could help up to nine others, securing consent through informed family discussions is critical. A key challenge is therefore converting general public support into recorded decisions and informed conversations with families.

Northern Ireland has traditionally reported high levels of public support for organ donation, with surveys consistently showing approval rates above 90%. However, this has not always translated into sustained behaviour or understanding of the donation process. In 2018, for example, only 45% of



the population had joined the NHS Organ Donor Register and the consent rate among potential donors had not exceeded 65% annually. Evidence showed that consent was significantly higher where families were aware of their loved one's wishes, highlighting the importance of prior discussion and decision-making.

It was also recognised that traditional awareness campaigns tended to produce short-term increases in attention and support that were difficult to sustain. Messaging across local, regional and national campaigns lacked consistency, and there was limited coordinated education within schools or among relevant professional groups. As a result, while awareness remained high, deeper understanding and long-term behaviour change were harder to achieve.

The introduction of statutory duties through the 2016 legislation and the subsequent introduction of deemed consent under Dáithí's Law prompted a fundamental shift in policy. The focus moved towards sustained, coordinated public engagement and education to support long-term cultural change and ensure that the public understands both

the importance of organ donation and the implications of the new legislative framework.

### Description of the Innovation

The innovation was a Department of Health policy commitment to work towards a "society of organ donors" by enabling the Public Health Agency to adopt a new, long-term approach to public engagement and education. The aim was to support a sustained cultural shift in public attitudes, understanding and behaviours relating to organ donation.

To meet its statutory duty to promote organ donation, the Department moved away from short-term, ad hoc awareness campaigns and instead adopted a behavioural change approach. This involved developing a continuous, comprehensive programme of public education and engagement designed to build knowledge, encourage informed conversations and support positive action, such as recording donation decisions.

Ringfenced recurrent funding was secured to support delivery of this long-term approach. New governance structures were also established to provide oversight, ensure accountability and strengthen collaboration with key partners involved in organ donation and transplantation.

## Aims and Intended Outcomes

The overarching aim was to support a cultural shift towards Northern Ireland becoming a “society of organ donors” through a sustained, long-term and multi-channelled programme of public education and engagement. This approach seeks to increase public understanding and support for organ donation and, in turn, achieve a measurable rise in consent for donation after death.

The intended outcomes include:

- **Increased numbers of people registering their decision on the NHS Organ Donor Register.**
- **Greater public engagement through attendance at high-profile events and awareness initiatives.**
- **Stronger partnerships across society, including with local government, sporting organisations, schools, retail venues and community groups.**
- **Measurable increases in public interactions and engagement with organ donation campaigns and resources.**
- **Improved public awareness and understanding of organ donation and transplantation processes.**
- **Ultimately, a sustained increase in the rate of consent for organ donation to proceed after death.**

## Design and Development Process

A public consultation in 2017 showed strong support from clinicians and the public for moving away from periodic, high-cost awareness campaigns with limited long-term impact, and towards a sustained programme of education, engagement and partnership working supported by targeted communications. In response, the Department of Health

introduced a new policy approach in 2018, committing to a continuous, holistic programme to promote organ donation. Ringfenced funding was secured and, in 2020, a dedicated Organ Donation Promotion Manager was appointed within the Public Health Agency to lead delivery, bringing expertise in public health development, communications and campaign management.

To strengthen oversight and collaboration, a regional Organ Donation Steering Group was established, bringing together policy officials, clinicians, specialist nurses and community and voluntary sector representatives. The group sets priorities, oversees delivery and provides assurance that statutory duties to promote organ donation are being met effectively. The Steering Group is supported by an Organ Donation Charity and Stakeholder Sub Group, chaired by the Organ Donation Promotion Manager, which brings together all groups and individuals working to raise awareness of organ donation as part of their ongoing work. This group provides an opportunity for members to be updated on plans so allowing them to build into their own plans to share content or support on initiatives. It also allows members to share ideas and learning, and pool resources where possible.

The programme expanded in preparation for the introduction of Dáithí’s Law in June 2023, recognising the need to inform every household about the new deemed consent system. The Department and Public Health Agency developed a strong partnership with the grassroots “Donate 4 Dáithí” campaign. Alignment between the public campaign and departmental policy strengthened public and political engagement and supported understanding of the legislative change. This partnership led to the co-produced campaign message “You could be a Lifesaver”, which has been used across public information and marketing materials since 2022 to encourage people to record and share their organ donation decisions.

## Implementation Approach

Implementation is led by the Organ Donation Promotion Manager within the Public Health Agency, working closely with delivery partners including NHSBT Specialist Nurses for Organ Donation, local councils, schools, voluntary and community organisations, sporting bodies and event organisers. The programme operates year-round and combines partnership development, education and public engagement. Partnership working is central to the activity and ensures a co-ordinated cascading and sharing of key messages.

Key activities include:

- **Collaboration with businesses, councils and community organisations to promote organ donation awareness.**
- **Delivery of educational sessions and engagement activities within schools and youth settings.**
- **Attendance at high-profile public and community events to maintain visibility and encourage informed discussion.**
- **Regular engagement with local and national media to ensure positive and consistent messaging about organ donation.**
- **Public information activity encouraging individuals to record their donation decision and discuss it with family and friends.**
- **A key focus each year is an enhanced programme of activity during national Organ Donation Week, coordinated by NHS Blood and Transplant each September. This includes high-profile events, public endorsements from clinical and civic leaders, and the sharing of donor and recipient stories to increase awareness and encourage conversations.**

Where possible, the impact of engagement activity is monitored through social media interactions, website traffic and registrations to the Organ Donor Register in Northern Ireland. Progress and delivery are reported quarterly to the Department’s Organ Donation Steering Group to ensure oversight and alignment with statutory duties.

## Outcomes

The overall outcome has been the establishment of an enduring Departmental policy commitment to the sustained promotion of organ donation. This provides long term stability through dedicated funding, structured governance, and a continuous programme of public education and engagement designed to support cultural change.

Other outcomes include:

**Sustained programme delivery:** Promotional and educational activity is delivered by the Public Health Agency on a continuous basis across multiple sectors, supported by consistent and effective messaging.

**Strong cross sector partnerships:** Formal partnerships have been established with major sporting bodies including the Irish Football Association, Ulster GAA and Ulster Rugby, as well as numerous clubs and organisations. Partnerships with private and commercial organisations, including Translink and the Belfast Giants, further extend reach and audiences. Collaboration with local government and the voluntary and community sector increases the reach of campaign messaging through internal and external channels. Messaging and campaign toolkits are shared with partners throughout the year to ensure consistency. During Organ Donation Week in September 2025, partner social media activity achieved a combined reach of just under 12 million.

**Comprehensive educational resources:** Post primary teaching materials have

been developed and made available via the Education Authority website. These resources were launched by the Health and Education Ministers in September 2025, with promotion supported by the Education Authority, Department of Health, and Council for the Curriculum, Examinations and Assessment (CCEA). There were 274 downloads during the launch period. Primary school resources, including the Orgamites programme, have also been developed and rolled out, with an ongoing partnership supporting further resource development.

**High public visibility:** The promotion team has engaged at major cultural and community events across Northern Ireland, including the Balmoral Show, Belfast Mela and Pride, providing information and supporting informed conversations about organ donation. Collaboration with local influencers has also extended campaign reach. A 2022 unpaid Organ Donation Week initiative reached an additional 206,000 followers through photos and videos supporting campaign messages.

**Positive media engagement:** Regular media coverage featuring transplant recipients, donor families and campaign events has generated substantial audience reach. Coverage linked to the Transplant Sport Northern Ireland team’s participation in the World Transplant Games in August 2025 secured 23 pieces of print and online coverage ahead of the event, achieving an Advertising Value Equivalent (AVE) of £132,480 and a reach of over 3.1 million. Social media channels recorded organic reach of 35,441 on Facebook and 5,702 on Instagram. Post Games coverage generated a further 10 pieces of print and broadcast content, with an AVE of £27,135 and an additional organic reach of 383,000.

**Public attitudes and understanding:** Public support for organ donation remains consistently high, increasing from a baseline of 84 percent in 2013 to 90 percent. Awareness and understanding of the

deemed consent legislation increased from 54 percent in 2022 prior to the You Could Be A Lifesaver campaign to 71 percent in January 2023 during peak campaign activity.

**Increased registrations:** Organ Donor Register sign-ups from Northern Ireland continue to grow faster than in other UK regions. Over the last ten years, registration has increased from 37 percent in 2015 to 58 percent by December 2025.

**Improved family awareness:** In cases where donation becomes possible, more families report being aware of their loved one’s decision, supporting clearer end of life discussions with clinicians.

**Evidence of Impact**

The programme has contributed to measurable improvements in awareness, behaviour and consent for organ donation in Northern Ireland.

Key indicators include:

**Record registration levels:** As of December 2025, 58% of the Northern Ireland population (1,110,668 people) had opted in to the Organ Donor Register – the highest proportion of any UK region.

Region (at 31 Dec '25)	Opt-in	Opt-out	Total
NI	58%	2%	60%
Scotland	55%	4%	59%
Wales	45%	6%	51%
England	41%	4%	45%

**Increased awareness of decisions:**

In 2024/25, 83% of individuals who became deceased donors had previously shared their decision with loved ones, supporting clearer consent discussions at end of life.

**Impact of legislative and engagement approach:**

Dáithí’s Law supported almost one quarter of deceased donation cases proceeding in 2024/25, demonstrating the combined impact of legislation and sustained public engagement.

**Public engagement reach:**

Campaigns, media coverage and public events have achieved reach measured in millions across broadcast, digital and social media platforms. Detailed analytics are held by the Public Health Agency and continue to inform programme development.

When the ‘You Could Be A Lifesaver’ campaign first ran on above-the-line channels in 2022, evaluation revealed strong impact:

- Nine out of ten (91%) said the campaign had encouraged them to do something in relation to organ donation e.g. tell family/ close friend about donation decisions, register on the ODR, find out more.
- Six out of ten respondents had talked to family / close friend about organ donation, with this significantly higher among those exposed to the campaign (72%).
- Those exposed to the campaign were more likely to be aware of the decisions of family in relation to organ donation (72% v 55% of wife, husband, partner).

Overall, these indicators suggest sustained progress toward embedding organ donation as a social norm and strengthening the likelihood that individuals’ wishes are known and respected when donation becomes possible.

**Learning and Insights**

Achieving cultural change and promoting positive behaviours requires sustained, long-term commitment rather than short-term campaigns. Continuous engagement, coordination and visible leadership from Ministers and Departments are essential to building trust and maintaining public awareness over time.

What has worked particularly well within the programme are shared values of openness, kindness, mutual support and equality among all members of the steering group and charity subgroup. Members from a wide range backgrounds, professional and personal experience (from doctors and nurses to senior officials and managers to donor families and transplant recipients) collaborate and share knowledge as equal partners with a shared goal – all contributions are valued and respected by other members.

**Key learning points include:**

- Cultural change is most effective when supported by consistent, long-term investment and recurrent resources.
- Sustained engagement across multiple sectors of society helps reinforce understanding and normalise positive behaviours.
- Coordinated messaging delivered through trusted partners increases credibility and reach.
- Tailored approaches are needed to engage different audiences effectively while maintaining clear and positive core messages.
- Ongoing relationships with the public, rather than intermittent campaigns, are critical to supporting lasting behavioural change.

## Barriers

- Temporary government pauses on advertising due to wider budget pressures limited the use of traditional media channels such as television, radio, print and outdoor advertising during 2024/25 and 2025/26. This reduced potential audience reach, although alternative engagement approaches helped mitigate the impact.
- Capacity constraints: while ringfenced funding supports a dedicated resource, additional staffing capacity would enable sustained delivery across a wider range of sectors and communication channels.
- Misinformation and disinformation: the increased circulation of inaccurate information about organ donation, particularly via social media, has required additional effort and resource to monitor, respond and provide clear, evidence-based information to the public.

## Enablers

- Ringfenced budget and dedicated resource within the Public Health Agency communications team, supported by PHA management.
- Strong policy leadership and oversight from the Department of Health.
- Cooperation and support from the Department of Education and the Education Authority, enabling the development and rollout of educational resources.
- Cross-party political support for organ donation policy and legislation.
- High levels of public support across Northern Ireland communities, including from the voluntary and community sector and local government.
- Clinical leadership and support from transplant and intensive care clinicians and NHS Blood and Transplant Specialist Nurses.
- Regular positive media coverage of organ donation events and personal stories, helping maintain public awareness and engagement.

## Transferability and Scalability

This represents a low-cost, high-impact model that is transferable to other areas of public health and behaviour change. The sustained, partnership-based and education-led approach could be adapted to initiatives such as blood and stem cell donation, cancer awareness, healthy eating and smoking cessation.

The model also has potential applicability beyond health, including areas such as road safety, sustainable travel and other government-led behaviour change programmes. Its emphasis on long-term engagement, cross-sector partnerships and consistent messaging provides a scalable framework for supporting cultural change across policy domains.

## Future Development

Learning from the Northern Ireland programme is now being shared with the organ donation community in the Republic of Ireland, with links being established to exchange good practice and align approaches where appropriate.

The recently-developed education resources for primary and post-primary schools provide the programme with a significant opportunity for future development in this sector by reaching large numbers of young people and generating informed and positive conversations with families and friends. Early adapters (teachers with a passion for organ donation) are keen to work with the programme to support this rollout to other teachers and schools across NI.

There is also potential to share learning with blood donation campaigns in Northern Ireland, particularly in relation to sustained public engagement, partnership working and behaviour-change messaging.

## Further Information

[@OrganDonationNI](http://www.organdonationni.info)

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# Middletown Centre and Mary Immaculate College Graduate Programmes in Autism Studies

## Overview

The partnership between Middletown Centre for Autism and Mary Immaculate College has developed an innovative cross-border, co-produced suite of postgraduate programmes in Autism Studies that responds directly to the growing demand for skilled, neuro-affirming professionals across Ireland and Northern Ireland.

Developed in response to the region's high autism prevalence and aligned with the Northern Ireland Autism Strategy (2023–2028), the initiative combines Middletown's specialist multidisciplinary expertise and engagement with autistic professionals with Mary Immaculate College's academic governance and programme accreditation. The result is a co-produced model of postgraduate education that integrates lived experience, professional practice and academic standards.

First introduced as a Graduate Certificate in 2016, the pathway now includes a Graduate Diploma and a Master's degree. More than 390 professionals have completed the programmes, bringing specialist knowledge and neuro-affirming practice into schools, health services and community organisations across the island.

Recognised nationally and internationally, including an Irish Education Award and presentation at Autism Europe (2025), the initiative demonstrates how cross-sector collaboration, lived-experience leadership and university-accredited learning can strengthen workforce capability and support more inclusive systems for autistic people and their families.

## Lead Organisation and Key Partners

### Middletown Centre for Autism (Lead Partner)

An arm's length body of the Department of Education in Northern Ireland, with matched funding from the Department of Education and Skills in Ireland. Middletown leads the partnership and contributes specialist, practice-based expertise drawn from its work with autistic children, families and schools across Ireland and Northern Ireland. The Centre develops the applied programme content and ensures the courses remain grounded in professional practice and current sector needs.

### Mary Immaculate College, Limerick (Partner)

Mary Immaculate College provides the academic infrastructure for the Autism Studies programmes, including accreditation, academic governance, quality assurance and programme delivery systems. The College also supports inclusive and accessible learning through Universal Design for Learning approaches.

## Value of the Collaboration

This partnership began working together in 2016 and combines Middletown's specialist practice expertise with MIC's academic infrastructure, enabling the development and delivery of accredited postgraduate programmes in Autism Studies. The collaboration demonstrates the value of cross-border cooperation between practice and higher education partners in strengthening professional capacity and supporting improved outcomes for autistic children and young people. As recognition of the strength of this collaboration, An Taoiseach has described the partnership as a "beacon of excellence."

## Policy Area and Strategic Context

The primary policy driver for autism provision in Northern Ireland is the Northern Ireland Autism Strategy (2023–2028). This statutory, cross-government strategy requires coordinated action across departments to improve outcomes for autistic people and their families. It focuses on five priorities: improving pathways to care, strengthening educational support, increasing workplace understanding, improving housing awareness, and promoting inclusion across public services. The Strategy is built on co-production, with autistic people and families actively shaping decisions, and is supported by annual reporting and independent oversight.

The postgraduate programmes delivered by Middletown Centre for Autism and Mary Immaculate College support the implementation of this Strategy by building specialist knowledge and practical skills across education, health and community sectors. The programmes strengthen understanding of autistic experience, develop neuro-affirming professional practice, and promote more consistent approaches to support across services. Co-production is embedded through the involvement of autistic professionals in programme design, teaching and research supervision.

By promoting evidence-based practice, environmental adaptation and inclusive approaches across sectors, the initiative contributes to workforce development and system change aligned with the priorities of the Northern Ireland Autism Strategy

## Problem or Challenge Addressed

Northern Ireland has the highest recorded autism prevalence of any UK region. In the 2024–2025 school year, 5.9 percent of school-aged children aged 4–15 were identified as autistic, approximately one in seventeen children. This compares with lower prevalence estimates across the rest

of the UK, where autism is typically reported in around 1–2 percent of the population, and in England at 2.8 percent of boys and 0.65 percent of girls.

This higher prevalence creates substantial demand for assessment, support and trained professionals across education, health and community services. However, specialist capacity has not kept pace with demand. Waiting lists for assessment continue to grow, and many families wait extended periods before receiving a formal diagnosis or structured support.

As a result, schools, health professionals and community organisations are often required to respond to complex needs without sufficient specialist training. There is therefore a clear need for professionals who understand autistic experience and can provide informed, neuro-affirming support while families await formal assessment.

The postgraduate programmes developed by Middletown Centre for Autism and Mary Immaculate College were designed to address this gap. Moving beyond sector-specific training models, the programmes provide a cross-sector, co-produced and university-accredited pathway that builds specialist capacity across services and communities.

## Description of the Innovation

The partnership between Middletown Centre for Autism and Mary Immaculate College has developed a cross-border, co-produced postgraduate pathway in Autism Studies designed to build specialist capacity across education, health and community services. First introduced as a Graduate Certificate in 2016, the programme has expanded into a full pathway including a Graduate Diploma (2021) and an MA (2023).

The programmes combine Middletown's specialist practice expertise with MIC's academic governance and programme

infrastructure. This model integrates real-world experience working with autistic children, young people and families across Ireland and Northern Ireland with accredited university-level teaching and Universal Design for Learning approaches. The result is a distinctive form of postgraduate education that bridges professional practice and academic rigour.

### The partnership currently delivers three qualifications:

- Graduate Certificate in Autism Studies, where practitioners design practical supports that translate academic learning into real-world practice.
- Graduate Diploma in Autism Studies, where students produce practice-based research summaries for the Middletown Research Bulletin to support knowledge exchange.
- MA in Autism Studies, where students disseminate research through publications, podcasts and an individualised capstone module.

A central innovation is the programme's co-produced design. Academic content, practice expertise and autistic perspectives shape programme development, teaching and research. A Panel of Autistic Adults and autistic researchers contribute to module design, assessment approaches and supervision of MA research, ensuring that learning reflects lived experience as well as professional knowledge.

The programmes also introduce flexible assessment through an individualised capstone module, allowing students to produce practice-relevant outputs rather than a traditional dissertation while maintaining high academic standards.

## Aims and Intended Outcomes

Overall Aim:

To build specialist autism capacity across Ireland and Northern Ireland through a cross-border, co-produced postgraduate education model that integrates academic research, professional practice and autistic lived experience.

## Key Outcomes

The innovation aims to:

- Strengthen professional capability across education, health and community sectors to better support autistic children, young people and adults.
- Embed neuro-affirming and autism-informed practice by ensuring autistic perspectives shape programme design, teaching and research.
- Translate academic knowledge into real-world practice through applied learning, practice-based research and practitioner-led innovation.
- Promote accessible and inclusive postgraduate education through Universal design for learning and flexible assessment pathways.
- Create a sustainable cross-border partnership model that integrates specialist practice expertise with university-level academic governance and accreditation.

## Design and Development Process

The programme was developed through a partnership between Middletown Centre for Autism and Mary Immaculate College. Middletown contributed specialist practice expertise and multidisciplinary experience working with autistic children, young people, and families across Ireland and Northern Ireland. Mary Immaculate College provided academic governance, programme development expertise, and a strong foundation in teacher education.

The design process was collaborative from the outset. Autistic community members helped shape content, language, and delivery, ensuring a neuro-affirming and co-produced approach. The team reviewed research, lived-experience evidence, and policy priorities to identify core learning needs. This resulted in four key areas: understanding autistic experience, visual and environmental supports, behaviour and sensory processing, and anxiety and regulation.

Universal Design for Learning was embedded to ensure accessibility for all learners. Tutors from both organisations worked together to balance theory and practice, with learning delivered through webinars, recorded lectures, and applied assignments. The structure enables students to move from core understanding to practical application in real settings.

Implementation focused on a partnership model combining Middletown's practice-based expertise with the academic governance and quality assurance of Mary Immaculate College. The programme was designed to be practical, accessible and grounded in autistic experience.

Delivery uses a blended model, with Moodle supporting course materials and assessment and Microsoft Teams used for live teaching and student support. Teaching content is developed by Middletown's multidisciplinary team and academically validated by Mary Immaculate College to ensure academic standards and consistency.

Universal Design for Learning principles are embedded across programme materials, with weekly recorded lectures, live webinars and structured assessment support.

At master's level, autistic academics contribute to research design and supervision, and all MA students have access to an autistic academic supervisor. The partnership operates as a continuous

improvement model, with regular collaboration between both organisations to refine programme design and introduce innovations such as the Capstone module.

The partnership has created a scalable model for specialist autism education that combines academic standards with practice-based expertise and autistic lived experience. The programme demonstrates how collaboration between a specialist agency and a university can build workforce capability and improve professional practice across sectors.

#### Programme reach

- **332 Graduate Certificate graduates since 2016, 55 Graduate Diploma graduates since 2021, and 9 MA graduates since 2023.**
- **Graduates apply their expertise across education, health, disability and community services throughout Ireland and Northern Ireland.**
- **Alumni have progressed into leadership, teaching and mentoring roles within the sector.**

#### Recognition

- **The Autism Studies Certificate was the most successful graduate programme at Mary Immaculate College in 2022, 2023 and 2024.**
- **Student research contributes to knowledge exchange through publications, podcasts and practitioner- focused outputs.**
- **One MA dissertation was recognised by the external examiner as reaching doctoral standard.**
- **Students consistently describe the programme as practical, accessible and directly relevant to their professional work.**

recommend the programme.

**Graduate outcomes:** Graduate outcomes demonstrate strong professional relevance. Up to 68.2 percent of graduates report the programme as relevant or very relevant to their current role. Ninety percent of graduates are in full-time employment or further study nine months after completion, and 88 percent report they would be likely or very likely to undertake the programme again.

#### Academic standards and research capability:

External examiners report consistently high academic standards across the programmes, highlighting strong neuro-affirming approaches, clear assessment frameworks and regular supervision. At MA level, examiners identified strong research capability, including one dissertation assessed as reaching doctoral standard. Completion patterns reflect the flexible programme structure, with four of six MA students completing within the expected timeframe and two using flexible completion pathways.

#### Knowledge Exchange and Practice

**Impact:** Student research contributes to knowledge exchange through practitioner publications, podcasts and other dissemination activities. Graduates apply their learning across education, health and community services, supporting improvements in autism-informed practice.

#### Learning and Insights

Implementation of the programme has generated several insights about delivering inclusive, practice-based postgraduate education through partnership between a specialist organisation and a university.

#### Co-production strengthens quality

**and relevance:** Direct involvement of autistic professionals ensures teaching, research and assessment remain grounded in lived experience and ethical practice.

#### Co-production and autistic leadership:

A distinctive outcome of the innovation is the sustained involvement of autistic people in programme design and research. A Panel of Autistic Adults advises on content and assessment, and autistic researchers contribute to supervising MA research, ensuring that teaching and research remain grounded in lived experience.

**Wider system impact:** The partnership model has also influenced wider workforce development. The Department of Health commissioned Middletown to develop autism and neurodiversity training for all Health and Social Care staff in Northern Ireland, delivered through LearnHSCNI and co-produced with a neurodivergent advisory panel. This has enabled consistent, neuro-affirming training to be introduced across all Health and Social Care Trusts.

#### Evidence of Impact

The partnership between Middletown Centre for Autism and Mary Immaculate College demonstrates sustained impact through programme reach, graduate outcomes, programme performance and independent academic review.

**Programme performance:** Graduate Certificate progression rates have remained consistently high, with an average completion rate of approximately 95.5 percent (median 95 percent) across cohorts from 2016/17 to 2023/24.

Student satisfaction indicators are consistently strong. Overall satisfaction is 97% (87 percent very satisfied; 10 percent satisfied), with 100 percent satisfaction with programme support (93 percent very satisfied; 7 percent satisfied) and 94 percent satisfaction with teaching delivery (67 percent very satisfied; 27 percent satisfied). Ninety-seven percent of students

**Neuro-affirming and inclusive design improves learning:** Embedding neuro-affirming principles alongside Universal Design for Learning creates accessible learning environments that benefit both autistic and non-autistic students.

**Flexible delivery supports participation without reducing rigour:** Blended and HyFlex learning enables working professionals to participate while maintaining high academic standards.

**Multidisciplinary collaboration strengthens programme design:** Combining academic expertise with specialist practice experience improves teaching, research supervision and professional relevance.

**Student voice supports continuous improvement:** Regular feedback from students informs programme refinement and the development of teaching materials and support structures.

**Public engagement extends impact:** Publishing research, practitioner resources and podcasts helps translate learning beyond the classroom and into professional and community practice.

**Recognition reflects impact:** National recognition demonstrates the academic quality and wider societal value of the partnership model.

### Barriers and Enablers

The development of the programme also highlighted practical barriers to participation and the factors that enable successful implementation.

#### Barriers

- Adult learners balancing work, caring responsibilities and study
- Geographic spread of participants across Ireland and Northern Ireland

- Anxiety about returning to education after time away from formal study
- Risk of tokenistic approaches in autism education
- Mental health pressures experienced by some learners
- Traditional assessment formats that may exclude some students

#### Enablers

- A strong cross-border partnership combining academic and practice expertise
- Co-production with autistic professionals
- Blended and HyFlex programme delivery
- Universal design for learning principles
- A supportive teaching and supervision culture
- Strong ethical research training
- Flexible assessment approaches, including capstone options
- An active alumni network

#### Transferability and Scalability

The model has already been transferred into the Northern Ireland health system through a regionally commissioned autism training programme led by Middletown Centre for Autism. The approach combines research, lived experience, and practical training and is being delivered in partnership with the HSC Leadership Centre.

This demonstrates that the partnership model is scalable and capable of influencing system-wide practice. There is further potential to develop micro-credentials with Northern Ireland universities to strengthen continuing professional development across sectors.

#### Future Development

Next steps include developing agency-specific micro-credentials with Northern Ireland universities and expanding training across health and public services.

A new partnership with the NHS Leadership Centre has already introduced a region-wide training programme for health staff. This model will continue to build capacity and strengthen autism-informed practice across services.

#### Further Information

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